



Haverhill

License Commission, Room 118
Phone: 978-374-2354 Fax: 978-373-8490
License_comm@cityofhaverhill.com

MEETING DATE: _____

LIQUOR LICENSE PROCEDURES

Filing Fee of \$75.00. Advertisement Fee of \$75.00. must be paid prior to obtaining application.

1. Application:

a: Form 43 (License Commission) & CORI Deadline: _____

2. Legal Ad:

a: The Haverhill License Commission will place a legal ad in the Haverhill Gazette on, Legal Ad: _____

b: If this is a new license, Applicant must notify abutters by certified mail within 3 days after the notice is published. (an abutter is a person whose property directly touches the proposed premises—not someone across the street.) If the proposed location is within 500 feet of a church or school must be notified by registered mail.

3. Remaining paperwork is due by: Deadline: _____

- a. Five (5) page application form.
- b. Affidavit of payment of taxes and city bills.
- c. Personal History form.
- d. Form A
- e. Articles of Organization (if a Corp.) as filed with Massachusetts Secretary of State (MUST CONTAIN THE SEAL OF THE SECRETARY OF STATE). If the applicant is a partnership, a copy of the partnership must be included.
- f. A Vote of the Board of Directors of the Corporation (partners) appointing a manager. (ALL MANAGERS MUST BE UNITED STATES CITIZENS, AND MUST BE AT LEAST 21 YEARS OF AGE)
- g. A copy of the Lease and/or Purchase of Sales Agreement.
- h. Abutter notification.
- i. A copy of the blue prints or a hand drawn floor plan (drawn to scale) of the proposed new premises.
- j. Form C for financing. Documents verifying sources of financing(i.e. loan papers,

checking accounts, stock sales, etc.)

k. Form 983 (If a transfer)

4. All certified mail cards (green cards) must be submitted to this office before the meeting.
5. If the application is approved by the Haverhill License Commission, the application will then be forwarded to the Alcoholic Beverage Control Commission (ABCC) for final approval. Applicant must provide a \$200.00 Filing Fee made payable to the ABCC, and must be either Certified Check or Money Order.
*****NO EXCEPTIONS*****
6. Once all of the necessary approvals have been received, the license will be issued from Haverhill License Commission Office upon payment of the License Fee.

The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission

FORM - 43

LICENSE NUMBER

CITY TOWN

DATE

Type of Transaction (please check all relevant transactions)

- | | | |
|--|---|--|
| <input type="checkbox"/> New License | <input type="checkbox"/> New Officer Director | <input type="checkbox"/> Pledge of License |
| <input type="checkbox"/> Transfer of License | <input type="checkbox"/> Change of Location | <input type="checkbox"/> Pledge of Stock |
| <input type="checkbox"/> Change of Manager | <input type="checkbox"/> Alter Premises | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Transfer of Stock | | (specify) |

Name of Licensee

FID of Licensee

DBA

Manager

Address: Number

Street

Zip Code

Annual or Seasonal

Category: All Alcohol,
Wine and Malt,

Type: Restaurant, Club
Package Store, Hotel,
General on Premise, etc.

Description of Licensed Premises:

Application was filed

DATE TIME

Advertised

DATE and PUBLICATION

Person to contact regarding this transaction:

Abutters Notified

YES

NO

Name:

Address:

Phone number: ()

Remarks:

The Local Licensing Authorities

Alcoholic Beverages Control Commission

By:

Ellen Moriarty
Executive Secretary

Remarks:

**CITY OF HAVERHILL
MASSACHUSETTS 01830**

LICENSE COMMISSION

4 Summer Street, Room 118

374-2354

GHAVLL

CORI REQUEST FORM

City of Haverhill License Commission has been certified by the Criminal History Systems Board to access conviction and pending case CORI for the purpose of screening applicants for liquor licenses.

As an above-described applicant, I understand that a criminal record check will be conducted on me, pursuant to the above, and that the results of same will not necessarily disqualify me. The information below is correct to the best of my knowledge.

Dated:

Applicant Signature

APPLICANT SIGNATURE (PLEASE PRINT)

Last Name

First Name

Middle Name

Maiden Name or Alias
(if applicable)

Date of Birth

Social Security Number (Optional)

Address:

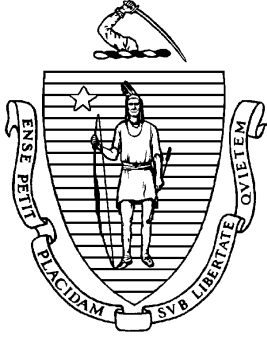
Requested by: _____

Signature of CORI Authorized Employee

CHSB USE ONLY

Record Attached: _____

No Record: _____



The Commonwealth of Massachusetts

Alcoholic Beverages Control Commission

239 Causeway Street

Boston, MA 02114

Application for Alcoholic Beverage License for Retail Sale

City/Town: _____

- New License New Officer/Director
 Transfer of License Other _____
 Transfer of Stock (specify)

Section 1

Name to appear on the license: _____

Business Name (d/b/a, if different): _____

Manager of Record: _____ FID of Licensee: _____

Address of Premises: _____ Zip Code: _____

Phone number of premises: _____

Section 2 Type of license: (check one only)

- Club Package Store Veterans Club
 General on Premise Restaurant Other _____
 Innholder Tavern

Section 3 License Category

- All Alcoholic Wine and Malt
 Malt Only Wine Only
 Wine and Malt with Cordials Permit

Section 4 License Class

- Annual Seasonal

Section 5 Person (attorney if applicable) who can be contacted concerning this application

Name: _____

Address: _____

Phone Number: _____

Section 6 Give a full description of the premises to be licensed, including location of all entrances and exits:

6a.

Seating Capacity: _____ Occupancy Number: _____

Section 7

Applicant is an:

- Association Corporation Individual
 Partnership Non-profit corporation LLC

Section 8 If applicant is an individual or partnership – List for individual or each partner:

Full Name	Home Address	DOB	SSN

8a. Is individual or all partners United States citizens? Yes No

If no, specify citizenship: _____

8b. Is individual or all partners involved at least twenty-one years old? Yes No

Section 9 If the applicant is a corporation, complete the following:

State of Incorporation: _____ Date of Incorporation: _____

Fiscal Year Ends: _____ Date qualified to do business in MA: _____

9a. How many shares of stock are authorized: _____ How many shares are issued: _____

Provide in the box the names if all officers, directors, stockholders and manager.

Use * to indicate director

Title	Full Name	Home Address	DOB	SSN	Shares of stock owned or controlled

9b. Attach a copy of the vote by the Board of Directors appointing a manager or principal representatives.

9c. If the applicant is a corporation, answer the following questions:

- 1. Are the majority of directors United States citizens? () Yes () No
- 2. Are the majority of directors citizens of Massachusetts? () Yes () No
- 3. Is the manager or principal representative a U.S. citizen? () Yes () No

Section 10 If the applicant is an association, provide in the box below the names of all association officers and members.

Title	Full Name	Home Address	DOB	SSN	Phone Number

10b. Attach a list of all members of the LLC.

Section 11 Will there be any construction, remodeling, redecorating or building on the premises for this license?
() Yes () No (If yes complete a,b, c and d)

a. Give an exact description of the construction, remodeling, redecorating or building on the premises:

b. What are the estimated costs: _____

c. What is the construction schedule: _____

d. State all sources of construction financing: _____

Section 12

Do you own the premises? () Yes () No. If yes, please respond to the question below.

() As an individual () Jointly _____ Name of Realty Trust

_____ Name of Corporation

() Other _____

(If you do not own the premises to be licensed, provide the following information about the owner.)

Name: _____ Phone Number: _____

Address: _____

12a. If a lease or rental, provide the following information: \$_____ per _____
(month, year, etc.)

Beginning date of lease _____ Ending Date of lease _____
(provide copy of the lease)

FINANCIAL

Section 13

What assets were purchased and cost?

Equipment: \$_____ Furniture: \$_____ Goodwill: \$_____

Inventory: \$_____ License: \$_____ Premise: \$_____

13a. Total Purchase Price: \$_____

13b. Identify below all sources of financing:

Mortgage: \$_____ Seller: \$_____

Cash: \$_____ Other (specify): \$_____

Document all sources e.g. Loan papers, checking accounts, stock sales, etc.

13c.

All other terms and conditions: _____
(provide purchase and sale documents)

13d. Are you seeking approval for license to be pledged: () Yes () No

If yes, to whom: _____

13e. Will the inventory be pledged: () Yes () No

If yes, specify to whom: _____

13f. If a corporation, are you seeking approval for any corporate stock to be pledged:

() Yes () No

If yes, identify to whom and identify the number of shares: _____

OWNERSHIP INTERESTS

Section 14 State the following information for all persons or entities who will have any direct or indirect beneficial or financial interest in this license:

Full Name	Home Address	DOB	SSN	Phone Number

14a. Describe all types of beneficial or financial interest each person or entity identified in Question 14 will have in this license:

Person or entity	Beneficial or financial interest

14b. Does any person or entity listed in Question 14 have any direct or indirect beneficial or financial interest in any other license granted under Chapter 138?

() Yes () No

Name	Type of license	License Name and Address	Description of Interest

14c. Has any person or entity named in Question 14 ever held a license or a beneficial interest in a license issued under Chapter 138 which is not presently held? () Yes () No

(If yes, provide the following for each person or entity.)

Name	Type of License	License Name and Address	Date ownership surrendered

14d. Describe how all licenses in Question 14c were terminated (e.g. transfer of ownership, non-renewal, surrender, etc.)

Date	License	Reason why the license was terminated

14e. Has any person or entity named in Question 14 ever had a license suspended, revoked or cancelled?

() Yes () No
(If yes, provide the following information)

Date	License	Reason why the license was suspended, revoked or cancelled

14f. Has any person or entity named in Question 14 ever been convicted of violating any state, federal or military law? () Yes () No

- 15.
- a. **Each individual applicant must sign.**
 - b. **Applications by a partnership must be signed by a majority of the partners.**
 - c. **Applications by a corporation must be signed by an officer authorized by a vote of the corporations Board of Directors.**
 - d. **Applications by an association must be signed by a majority of the members if the governing body. All signers must have answered question 10.**
 - e. **False information or failure to disclose are reasons to revoke a license or deny a license application.**

Signed and subscribed to under the penalty of perjury, this ___ day of _____, 20____.

By: Signature of Full Name

Title



City of Haverhill License Attestation

License Commission
Haverhill City Hall
Room 118 – 4 Summer Street
Haverhill, MA 01830
(978) 374-2312
license_comm@cityofhaverhill.com

License Year: _____

License #: _____

Licensee: Name _____

Address _____

D/B/A: _____

ID#: _____

Manager: _____

By signing below I hereby certify under the penalties of perjury that I have, to the best of my knowledge and belief, filed all state tax returns, paid all state taxes, paid all local taxes, paid all water and waste water bills, paid all tax titles, paid all utilities, and paid all motor vehicle excise taxes to the City of Haverhill, as required by law.

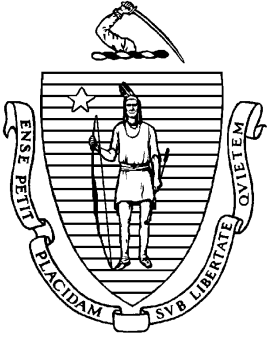
Signature of Applicant or
Corporate Name*

By: Corporate Officer
(Mandatory, if applicable)

Social Security # (voluntary) or
Federal Identification Number**

*This license *will not be issued or renewed* unless this certification clause is signed by the applicant.

**Your Social Security number or Federal Identification number will be furnished to the Massachusetts Department of Revenue (DOR) to determine whether you have met tax filing or tax payment obligations. Licensees failing to correct their non-filing or delinquency *will be subject to license suspension or revocation*. This request is made under the authority of Massachusetts General Laws, Chapter 62C, Section 49A.



The Commonwealth of Massachusetts
ALCOHOLIC BEVERAGES CONTROL COMMISSION

FORM A
LICENSEE PERSONAL INFORMATION SHEET

THIS FORM MUST BE COMPLETED FOR EACH:

- _____ A. NEW LICENSE APPLICANT
- _____ B. APPOINTMENT OR CHANGE OF MANAGER
IN A CORPORATION
- _____ C. TRANSFER OF LICENSE (RETAIL ONLY-SEC. 12 & SEC. 15)

(Please check which transaction is the subject of an application accompanying this Form A.)

PLEASE TYPE OR PRINT ALL INFORMATION

ALL QUESTIONS MUST BE ANSWERED AND TELEPHONE NUMBERS PROVIDED OR
APPLICATION WILL NOT BE ACCEPTED.

1. LICENSEE NAME _____
(NAME AS IT WILL APPEAR ON THE LICENSE)
2. NAME OF (PROPOSED) MANAGER _____
3. SOCIAL SECURITY NUMBER _____
4. HOME (STREET) ADDRESS _____
5. AREA CODE AND TELEPHONE NUMBER (S): (Give both, your home telephone and a number at which you can be reached during the day).
DAY TIME # _____ HOME# _____
6. PLACE OF BIRTH: _____ 7. DATE OF BIRTH: _____
8. REGISTERED VOTER: _____ YES _____ NO 8A. WHERE ? : _____
9. ARE YOU A U. S. CITIZEN: _____ YES _____ NO
10. COURT AND DATE OF NATURALIZATION (IF APPLICABLE): _____
(Submit proof of citizenship and/or naturalization such as Voter=s Certificate, Birth Certificate or Naturalization Papers)

11. FATHER'S NAME: _____ 12. MOTHER'S MAIDEN NAME: _____

13. IDENTIFY YOUR CRIMINAL RECORD, (Massachusetts, Military, any other State or Federal): ANY OTHER ARREST OR APPEARANCE IN CRIMINAL COURT CHARGED WITH A CRIMINAL OFFENSE REGARDLESS OF FINAL DISPOSITION:

_____ YES _____ NO **(MUST CHECK EITHER YES OR NO)**

IF YES, PLEASE DESCRIBE OFFENSE (S) SPECIFIC CHARGE AND DISPOSITION (FINE, PENALTY, ETC.)

14. PRIOR EXPERIENCE IN THE LIQUOR INDUSTRY: _____ YES _____ NO
IF YES, PLEASE DESCRIBE:

15. FINANCIAL INTEREST, DIRECT OR INDIRECT, IN THIS OR ANY OTHER LIQUOR LICENSE, PERMIT OR CERTIFICATE: _____ YES _____ NO

IF YES, PLEASE DESCRIBE:

16. EMPLOYMENT FOR THE LAST TEN YEARS (Dates, Position, Employer, Address and if known, Telephone Numbers):

17. HOURS PER WEEK TO BE SPENT ON THE LICENSED PREMISES: _____

18. I HEREBY SWEAR THAT UNDER THE PAINS AND PENALTIES OF PERJURY THAT THE INFORMATION I HAVE GIVEN IN THIS APPLICATION IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

BY: _____
PROPOSED MANAGER SIGNATURE DATE

FORM C

THIS FORM FOR FINANCING

IS LICENSED PLEDGED:

YES___

NO___

IS STOCK PLEDGED:

YES___

NO___

PURCHASE PRICE:_____

WHAT ASSETS WERE PURCHASED:

PREMISES ___

FURNITURE ___

EQUIPMENT ___

INVENTORY ___

GOOD WILL ___

OTHER ASSETS:_____

NAME OF PURCHASER(S):_____

HOW FINANCED:\$_____

(Cash - Loans - Mortgage - Bank - Seller - etc.)

PREMISES: OWNED - LEASED - RENTED? IF LEASED OR RENTED OWNERS
NAME AND MONTHLY TERMS.

ANY ADDITIONAL INFORMATION THAT YOU MAY HAVE THAT WOULD HELP THE
COMMISSION APPROVE THIS APPLICATION:_____

SIGNED AND SUBSCRIBED UNDER PENALTY OF PERJURY THIS_____ DAY
OF_____ 19_____.

BY: SIGNATURE:_____

TITLE:_____

TO THE LICENSING BOARD

The undersigned licensee.....

respectfully petitions for the transfer of the
(Class of License)

all alcoholics beverages license now exercised by the said licensee on the premises located at

.....
.....

whose address is

(If present licensee is a corporation, fill in the following paragraph)

The said licensee is a corporation duly organized under the laws of the Commonwealth of Massachusetts, and its officers, directors and stockholders, their residences, and shares owned by each are as follows:

(NAME) (ADDRESS) (SHARES)

FROM: (PLACE AN * BEFORE THE NAME OF EACH DIRECTOR.)

.....
President

.....
Treasurer

.....
Clerk

.....

.....

(If proposed transferee is a corporation, fill in the following paragraph.)

The proposed transferee is a corporation duly organized under the laws of said Commonwealth and having a usual place of business in said, and its officers and stockholders, their residences, and shares owned by each are as follows:

(NAME) (ADDRESS) (SHARES)

TO: (PLACE AN * BEFORE THE NAME OF EACH DIRECTOR.)

.....
President

.....
Treasurer

.....
Clerk

.....

.....

.....

The above named proposed transferee hereby joins in this petition for transfer of said license, and respectfully petitions the Board to grant such transfer.

SIGNATURE OF LICENSEE.....

(If a corporation, by its authorized representative)

SIGNATURE OF PROPOSED TRANSFEREE.....

(If a corporation, by its authorized representative)