

Alteration of Premises/Change of Location Checklist

- Meet with the Planning Department to review planned changes.
- Meet with the Building Department to review structural changes
- Meet with the Fire Prevention & Inspection to review changes
- Meet with the Zoning Appeals Office to ensure a variance or other relief is not needed
- Obtain a certified list of abutters from the Assessors Office for **Immediate abutters plus churches and schools within 500'**
- Upon completion of the above, submit the entire printed application from the ABCC website: www.mass.gov/ABCC . Include all supporting documents on the ABCC checklist including:
 - Floor Plan – detailed plan of premises including proposed changes
 - Lease or Deed – legal right to occupy
 - Financial statement
 - Supporting Financial Records
- Include application fees of \$100.00 made payable to the Town of Falmouth are required - \$50.00 Filing Fee and \$50.00 Advertising Fee
- A hearing by the Select Board is scheduled and a Public Notice/advertisement will be provided to the applicant. The Select Board Office posts the advertisement in a local newspaper.
- Abutter Notification: the applicant must mail a copy of the Public Notice to each abutter by **Certified Mail Return Receipt** (*hardcopy or electronic*) in the same week the advertisement is posted in the newspaper.
- The Return Receipts from the certified mailing must be submitted to the Select Board Office, in hardcopy or electronically, as part of the application.
- Attend a hearing by the Select Board
- Upon approval by the Select Board the application is forwarded to the ABCC for final approval.

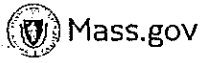
Planning Department	508-495-7440
Building Department	508-495-7470
Fire Prevention & Inspection	508-495-2530
Zoning Appeals Administrator	508-495-7460

EXAMPLE

OF

ABCC WEBSITE

INFORMATION



Amend Your Alcoholic Beverages Retail License: Alteration of Premises or Location Change (ABCC)

If you need to notify the ABCC of an address change or construction for your location, please follow these instructions.

CONTACT

Alcoholic Beverages Control Commission

Phone

(617) 727-3040 (tel:6177273040)
Open M-F 9am-5pm

Online

Find Your ABCC Representative
ABCC Staff Directory
(<https://www.mass.gov/service-details/alcoholic-beverages-control-commission-staff-directory-abcc>)
mass.gov/treasury
(<http://www.masstreasury.org/>)

THE DETAILS

What you need

Please be sure to read the instructions on the front page of each application carefully, as some required documents have changed.

Forms and Documents

You will need the following forms to file an alteration or premises or change of location with the ABCC:



[Alteration of Premises/Change of Location Application \(/media/1907276/download\)](/media/1907276/download)

Additional Amendments

If you are filing additional amendments to your retail license, you will need to also file a [multiple transaction application \(/service-details/forms-for-multiple-amendments-to-an-alcoholic-retail-license-abcc\)](/service-details/forms-for-multiple-amendments-to-an-alcoholic-retail-license-abcc). See our sidebar for a link to these instructions or [click here \(/service-details/forms-for-multiple-amendments-to-an-alcoholic-retail-license-abcc\)](#).

Fees

Name	Fee	Unit
Processing Fee	\$200	each

How to amend

By mail

Submit all required documents and forms to your Local Licensing Authority (LLA). The LLA will either approve or deny your application for your license amendment. If it is approved, the amendment will be forwarded to the ABCC.

Next steps

Granting of an amendment application by the LLA

When you submit your application with the LLA, the LLA is required by law to note the date and hour your application is filed with it. The LLA must act on an application within 30 days of it being filed.

Approval by the ABCC

When the ABCC receives an amendment application that has been approved by the LLA, an investigator will be assigned. The investigator will investigate the proposed manager, examining any criminal background and fitness of character. Parties to an amendment application must respond promptly to investigators' inquiries. Failure to do so will result in a delay of the approval and may result in a denial of the amendment application.

License amendment issued

Once the LLA receives the ABCC's approval of an amendment application, it must issue the amended license within 7 days.

More info

The ABCC urges you to reach out to the Local Licensing Authority ("LLA") in the city or town in which you are applying for a change of manager amendment to your license before applying. While state law requires you to submit certain documents, your LLA may have other documents and/or fees required of you before it will consider your application, and failure to contact them before you apply for a change of manager amendment to your license may delay the consideration of your application.

Downloads

Amendment - Change or Alteration of Premises (2/2019)

(<https://www.mass.gov/doc/amendment-change-or-alteration-of-premises-22019/download>) (PDF 1.17 MB)

Application for Multiple Amendments - Retail (2/2019) (<https://www.mass.gov/doc/application-for-multiple-amendments-retail-22019/download>)

(PDF 1.54 MB)

Contact

Alcoholic Beverages Control Commission

Address

239 Causeway Street, 1st Floor,
Boston, MA 02114
[directions](#)

(<https://maps.google.com/?q=239+Causeway+Street%2C+1st+Floor%2C+Boston%2C+MA+02114>)

Phone

(617) 727-3040 (tel:6177273040)
Open M-F 9am-5pm

Online

[Find Your ABCC Representative](#)
[ABCC Staff Directory](#)

[mass.gov/treasury](https://www.mass.gov/service-details/alcoholic-beverages-control-commission-staff-directory)
(<http://www.masstreasury.org/>)

RELATED

[ePay for Retail Licenses \(https://www.ncourt.com/x-press/x-onlinepayments.aspx?juris=22F01314-3F61-4E14-981E-55946FAB1780\)](https://www.ncourt.com/x-press/x-onlinepayments.aspx?juris=22F01314-3F61-4E14-981E-55946FAB1780)

[Forms for Multiple Amendments to an Alcoholic Retail License \(ABCC\)](/service-details/forms-for-multiple-amendments-to-an-alcoholic-retail-license-abcc)
</service-details/forms-for-multiple-amendments-to-an-alcoholic-retail-license-abcc>

[Alcoholic Beverages Control Commission Staff Directory \(ABCC\)](/service-details/alcoholic-beverages-control-commission-staff-directory-abcc) (</service-details/alcoholic-beverages-control-commission-staff-directory-abcc>)

[ABCC Calendar](/service-details/abcc-calendar) (</service-details/abcc-calendar>)

Did you find what you were looking for on this webpage? *

Yes No

SEND FEEDBACK



The Commonwealth of Massachusetts
 Alcoholic Beverages Control Commission
 239 Causeway Street Boston, MA 02114
www.mass.gov/abcc

RETAIL ALCOHOLIC BEVERAGES LICENSE APPLICATION
 MONETARY TRANSMITTAL FORM

AMENDMENT-Change or Alteration of Premises Information

APPLICATION SHOULD BE COMPLETED ON-LINE, PRINTED, SIGNED, AND SUBMITTED TO THE LOCAL LICENSING AUTHORITY.

ECRT CODE: RETA

Please make \$200.00 payment here: <https://www.mass.gov/epay-for-online-payments-abcc>

PAYMENT MUST DENOTE THE NAME OF THE LICENSEE CORPORATION, LLC, PARTNERSHIP, OR INDIVIDUAL

EPAY CONFIRMATION NUMBER

A.B.C.C. LICENSE NUMBER (IF AN EXISTING LICENSEE, CAN BE OBTAINED FROM THE CITY)

ENTITY/ LICENSEE NAME

ADDRESS

CITY/TOWN

STATE

ZIP CODE

For the following transactions (Check all that apply):

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> New License | <input type="checkbox"/> Change of Location | <input type="checkbox"/> Change of Class (i.e. Annual / Seasonal) | <input type="checkbox"/> Change Corporate Structure (i.e. Corp / LLC) |
| <input type="checkbox"/> Transfer of License | <input type="checkbox"/> Alteration of Licensed Premises | <input type="checkbox"/> Change of License Type (i.e. club / restaurant) | <input type="checkbox"/> Pledge of Collateral (i.e. License/Stock) |
| <input type="checkbox"/> Change of Manager | <input type="checkbox"/> Change Corporate Name | <input type="checkbox"/> Change of Category (i.e. All Alcohol/Wine, Malt) | <input type="checkbox"/> Management/Operating Agreement |
| <input type="checkbox"/> Change of Officers/
Directors/LLC Managers | <input type="checkbox"/> Change of Ownership Interest
(LLC Members/LLP Partners,
Trustees) | <input type="checkbox"/> Issuance/Transfer of Stock/New Stockholder | <input type="checkbox"/> Change of Hours |
| | | <input type="checkbox"/> Other <input type="text"/> | <input type="checkbox"/> Change of DBA |

THE LOCAL LICENSING AUTHORITY MUST MAIL THIS
 TRANSMITTAL FORM ALONG WITH
 COMPLETED APPLICATION, AND SUPPORTING DOCUMENTS TO:

ALCOHOLIC BEVERAGES CONTROL COMMISSION
 239 CAUSEWAY STREET
 BOSTON, MA 02241-3396



The Commonwealth of Massachusetts
 Alcoholic Beverages Control Commission
 95 Fourth Street, Suite 3, Chelsea, MA 02150-2358
 www.mass.gov/abcc

AMENDMENT-Change or Alteration of Premises Information

Change of Location

- Chg of Location/Alteration of Premises Application
- Financial Statement
- Vote of the Entity
- Supporting financial records
- Legal Right to Occupy
- Floor Plan
- Abutter's Notification
- Advertisement

Alteration of Premises

- Chg of Location/Alteration of Premises Application
- Financial Statement
- Vote of the Entity
- Supporting financial records
- Legal Right to Occupy
- Floor Plan
- Abutter's Notification
- Advertisement

1. BUSINESS ENTITY INFORMATION

Entity Name

Municipality

ABCC License Number

Please provide a narrative overview of the transaction(s) being applied for. Attach additional pages, if necessary.

APPLICATION CONTACT

The application contact is the person who should be contacted with any questions regarding this application.

Name	Title	Email	Phone
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

2. ALTERATION OF PREMISES

2A. DESCRIPTION OF ALTERATIONS

Please summarize the details of the alterations and highlight any specific changes from the last-approved premises.

2B. PROPOSED DESCRIPTION OF PREMISES

Please provide a complete description of the proposed premises, including the number of floors, number of rooms on each floor, any outdoor areas to be included in the licensed area, and total square footage. You must also submit a floor plan.

Total Sq. Footage	<input style="width: 80px;" type="text"/>	Seating Capacity	<input style="width: 80px;" type="text"/>	Occupancy Number	<input style="width: 80px;" type="text"/>
Number of Entrances	<input style="width: 80px;" type="text"/>	Number of Exits	<input style="width: 80px;" type="text"/>	Number of Floors	<input style="width: 80px;" type="text"/>

AMENDMENT-Change or Alteration of Premises Information

3. CHANGE OF LOCATION

3A. PREMISES LOCATION

Last-Approved Street Address

Proposed Street Address

3B. DESCRIPTION OF PREMISES

Please provide a complete description of the premises to be licensed, including the number of floors, number of rooms on each floor, any outdoor areas to be included in the licensed area, and total square footage. You must also submit a floor plan.

Total Sq. Footage

Seating Capacity

Occupancy Number

Number of Entrances

Number of Exits

Number of Floors

3C. OCCUPANCY OF PREMISES

Please complete all fields in this section. Please provide proof of legal occupancy of the premises. (E.g. Deed, lease, letter of intent)

Please indicate by what means the applicant has to occupy the premises

Landlord Name

Landlord Phone

Landlord Email

Landlord Address

Lease Beginning Date

Rent per Month

Lease Ending Date

Rent per Year

Will the Landlord receive revenue based on percentage of alcohol sales?

Yes No

4. FINANCIAL DISCLOSURE

Associated Cost(s): (i.e. Costs associated with License Transaction including but not limited to: Property price, Business Assets, Renovations costs, Construction costs, Initial Start-up costs, Inventory costs, or specify other costs):

Associated Cost(s):

SOURCE OF CASH CONTRIBUTION

Please provide documentation of available funds. (E.g. Bank or other Financial institution Statements, Bank Letter, etc.)

Name of Contributor	Amount of Contribution
Total:	

SOURCE OF FINANCING

Please provide signed financing documentation.

Name of Lender	Amount	Type of Financing	Is the lender a licensee pursuant to M.G.L. Ch. 138.
			<input type="radio"/> Yes <input type="radio"/> No
			<input type="radio"/> Yes <input type="radio"/> No
			<input type="radio"/> Yes <input type="radio"/> No
			<input type="radio"/> Yes <input type="radio"/> No

APPLICANT'S STATEMENT

I, the: sole proprietor; partner; corporate principal; LLC/LLP manager
Authorized Signatory

of
Name of the Entity/Corporation

hereby submit this application (hereinafter the "Application"), to the local licensing authority (the "LLA") and the Alcoholic Beverages Control Commission (the "ABCC" and together with the LLA collectively the "Licensing Authorities") for approval.

I do hereby declare under the pains and penalties of perjury that I have personal knowledge of the information submitted in the Application, and as such affirm that all statements and representations therein are true to the best of my knowledge and belief. I further submit the following to be true and accurate:

- (1) I understand that each representation in this Application is material to the Licensing Authorities' decision on the Application and that the Licensing Authorities will rely on each and every answer in the Application and accompanying documents in reaching its decision;
- (2) I state that the location and description of the proposed licensed premises are in compliance with state and local laws and regulations;
- (3) I understand that while the Application is pending, I must notify the Licensing Authorities of any change in the information submitted therein. I understand that failure to give such notice to the Licensing Authorities may result in disapproval of the Application;
- (4) I understand that upon approval of the Application, I must notify the Licensing Authorities of any change in the ownership as approved by the Licensing Authorities. I understand that failure to give such notice to the Licensing Authorities may result in sanctions including revocation of any license for which this Application is submitted;
- (5) I understand that the licensee will be bound by the statements and representations made in the Application, including, but not limited to the identity of persons with an ownership or financial interest in the license;
- (6) I understand that all statements and representations made become conditions of the license;
- (7) I understand that any physical alterations to or changes to the size of the area used for the sale, delivery, storage, or consumption of alcoholic beverages, must be reported to the Licensing Authorities and may require the prior approval of the Licensing Authorities;
- (8) I understand that the licensee's failure to operate the licensed premises in accordance with the statements and representations made in the Application may result in sanctions, including the revocation of any license for which the Application was submitted; and
- (9) I understand that any false statement or misrepresentation will constitute cause for disapproval of the Application or sanctions including revocation of any license for which this Application is submitted.
- (10) I confirm that the applicant corporation and each individual listed in the ownership section of the application is in good standing with the Massachusetts Department of Revenue and has complied with all laws of the Commonwealth relating to taxes, reporting of employees and contractors, and withholding and remitting of child support.

Signature:

Date:

Title:

ADDITIONAL INFORMATION

Please utilize this space to provide any additional information that will support your application or to clarify any answers provided above.

A large, empty rectangular box with a thin black border, occupying the majority of the page below the text. It is intended for the applicant to provide additional information or clarify previous answers.

CORPORATE VOTE

The Board of Directors or LLC Managers of
Entity Name

duly voted to apply to the Licensing Authority of and the
City/Town

Commonwealth of Massachusetts Alcoholic Beverages Control Commission on
Date of Meeting

For the following transactions (Check all that apply):

Alteration of Licensed Premises

Change of Location

Other

"VOTED: To authorize

Name of Person

to sign the application submitted and to execute on the Entity's behalf, any necessary papers and do all things required to have the application granted."

A true copy attest,

For Corporations ONLY

A true copy attest,

Corporate Officer /LLC Manager Signature

Corporation Clerk's Signature

(Print Name)

(Print Name)



The Commonwealth of Massachusetts
 Alcoholic Beverages Control Commission
 95 Fourth Street, Suite 3, Chelsea, MA 02150-2358
 www.mass.gov/abcc

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ECRT CODE: RETA

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PAYMENT MUST DENOTE THE NAME OF THE LICENSEE CORPORATION, LLC, PARTNERSHIP, OR INDIVIDUAL AND INCLUDE THE PAYMENT RECEIPT

ABCC LICENSE NUMBER (IF AN EXISTING LICENSEE, CAN BE OBTAINED FROM THE CITY)

ENTITY/ LICENSEE NAME

ADDRESS

CITY/TOWN STATE ZIP CODE

For the following transactions (Check all that apply):

- New License
- Change Corporate Name
- Change of Class (i.e. Annual / Seasonal)
- Change Corporate Structure (i.e. Corp / LLC)
- Transfer of License
- Change of DBA
- Change of License Type (i.e. club / restaurant)
- Change of Hours
- Change of Manager
- Alteration of Licensed Premises
- Change of Category (i.e. All Alcohol/Wine, Malt)
- Pledge of Collateral (i.e. License/Stock)
- Change of Officers/Directors
- Change of Location
- Issuance/Transfer of Stock/New Stockholder
- Management/Operating Agreement
- Change of Ownership Interest
- Other

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Alcoholic Beverages Control Commission
 95 Fourth Street, Suite 3
 Chelsea, MA 02150-2358