



# CITY OF SALEM, MASSACHUSETTS

## LICENSING BOARD

120 WASHINGTON STREET  
SALEM, MA 01970  
TEL. 978-745-9595 EXT. 5648  
FAX 978-744-6775

DAVID J. SHEA, CHAIRMAN  
JOHN H. CASEY  
RICHARD C. LEE

BARBARA A. SIROIS  
CLERK OF THE BOARD

KIMBERLEY DRISCOLL  
MAYOR

### DOCUMENTS NECESSARY TO PROCESS LIQUOR LICENSE TRANSACTIONS

#### NEW LICENSE OR TRANSFER OF LICENSE:

- A. Form 983 – needed if transfer of license.
- B. 5-page application.
- C. \$200.00 certified check or money order. Payable to A.B.C.C.
- D. Articles of Organization (if a corporation) as filed with the Massachusetts Secretary of State. Must contain the Seal of the Secretary of State.
- E. If applicant is a Partnership, a copy of the Partnership must be included.
- F. If the applicant is a Corporation, vote of the Board of Directors of the Corporation appointing a MANAGER must be included. ALL MANAGERS MUST BE UNITED STATES CITIZENS, AND MUST BE AT LEAST 21 YEARS OF AGE. Vote of the Corporation must also include the appointed person to apply for a New License/Transfer of License.
- G. Proof of citizenship of Manager – Birth Certificate – Passport.
- H. A.B.C.C. Form A. If a corporation, the manager must complete the form. If a partnership, each partner must complete the form. If an individual, the individual must complete the form.
- I. Form C.
- J. Documents verifying sources of financing (i.e. loan papers, checking accounts, stock sales, etc.).
- K. Must be advertised in local newspaper – notarized affidavit.
- L. Applicant must notify abutters by Certified Mail – needed if new license: Notification must be made within 3 days of publication. For purposes of liquor license applications (Ch. 138, s15A), an abutter is a person whose property directly touches the proposed premises – not someone across the street. Churches, synagogues, hospitals and public or private elementary or secondary schools located within 500 feet of the premises of a liquor serving establishment must be notified by register mail.
- M. Affidavit of Notice of Mailing to abutters and others.
- N. Certified/Registered receipts of notice to abutters. (green cards).
- O. Purchase and Sales documents, if a Transfer.
- P. Attestation – relating to taxes (buyer & seller).
- Q. Business Certificate (d/b/a).
- R. Board of Probation inquiry form/for all parties involved in the license.
- S. A copy of the blueprints or a hand drawn floor plan (drawn to scale) of the proposed new premises.
- T. If the applicant is leasing the premises, a copy of the lease must be included.
- U. Routing slip. (License will not be issued until the routing slip has been submitted).
- V. Health Department notification form. (Must be submitted with application).
- W. Entertainment.
- X. Amusements.
- Y. Important information

TOWN OF \_\_\_\_\_ 2004  
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 AND * BEFORE THE NAME OF EACH DIRECTOR)	
.....	.....	.....
President	.....	.....
.....	.....	.....
Treasurer	.....	.....
.....	.....	.....
Clerk	.....	.....
.....	.....	.....

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

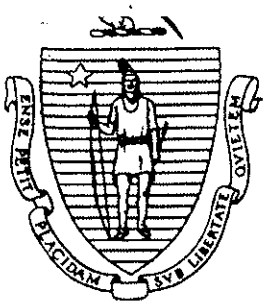
The proposed transferee is a corporation duly organized under the laws of said Commonwealth and having a usual place of business in said ....., and its officers and stockholders, their residences, and shares owned by each are as follows:

(NAME)	(ADDRESS)	(SHARES)
FROM:	(PLACE AND * 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)



**Commonwealth of Massachusetts**  
 Alcoholic Beverages Control Commission  
 239 Causeway Street  
 Boston, MA 02114

**Application for Alcoholic Beverage License for Retail Sale**

City/Town **CITY OF SALEM**

- 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: \_\_\_\_\_

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 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: _____ Telephone Number: _____
Address: _____

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

Beginning date of lease \_\_\_\_\_ Ending date of 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 sales documents).

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 had a license suspended, revoked or cancelled? ( ) Yes ( ) No

**Section 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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



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)

FORM C

THIS FORM IS FOR FINANCING

IS LICENSE PART OF COLLATERAL: YES: \_\_\_\_\_ NO: \_\_\_\_\_

PURCHASE PRICE: \$ \_\_\_\_\_

WHAT ASSETS WERE PURCHASED: PREMISES \_\_\_\_\_ FURNITURE \_\_\_\_\_  
EQUIPMENT \_\_\_\_\_ INVENTORY \_\_\_\_\_  
GOODWILL \_\_\_\_\_

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 \_\_\_\_\_ 20 .

BY: SIGNATURE: \_\_\_\_\_ TITLE: \_\_\_\_\_

\_\_\_\_\_

LICENSING BOARD FOR THE CITY OF SALEM

Date \_\_\_\_\_, 20\_\_\_\_

To the Licensing Board

I, \_\_\_\_\_ hereby certify that the following is a true list of the persons shown upon the Assessor's most recent valuation list as the owners of the property abutting the proposed location for an alcoholic beverage license at \_\_\_\_\_.

And that the following schools, churches or hospitals are located within the radius of five hundred (500) feet from said proposed location:

If there are none, please so state \_\_\_\_\_

I also certify that the notice of this application/petition concerning an alcoholic beverages license was given to the above by mailing to each of them within three days after publication of same, a copy of the advertisement is attached below. Also attached are the registered receipts/return registered receipts bearing signatures of person receiving said notice.

Signed and subscribed to under penalties of perjuries this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Printed: \_\_\_\_\_

Written: \_\_\_\_\_

ATTACH ADVERTISEMENT AND RECEIPTS HERE

Notary public: \_\_\_\_\_

My commission expires: \_\_\_\_\_



KIMBERLEY DRISCOLL  
MAYOR

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Pursuant to M.G.L. Ch. 62C, Sec. 49A, I certify under the penalties of perjury that I, to the best of my knowledge and belief, have filed all state tax returns and paid all state taxes required under law.

\_\_\_\_\_  
Social Security Number  
or Federal identification  
Number

\_\_\_\_\_  
Signature of Individual or  
Corporate Name

By: \_\_\_\_\_  
President

# BOARD OF PROBATION INQUIRY REQUEST FOR CRIMINAL RECORD

PLEASE PRINT LEGIBLY

FIRST NAME: \_\_\_\_\_ MIDDLE NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_

MAIDEN NAME: (if applicable) \_\_\_\_\_

ADDRESS: \_\_\_\_\_

DATE OF BIRTH: \_\_\_/\_\_\_/\_\_\_ PLACE OF BIRTH: \_\_\_\_\_ SS# \_\_\_\_\_

SEX: \_\_\_\_\_ HEIGHT: \_\_\_\_\_ ft \_\_\_\_\_ in WEIGHT: \_\_\_\_\_ lbs COLOR EYES: \_\_\_\_\_ COLOR HAIR: \_\_\_\_\_

CITIZENSHIP: \_\_\_\_\_

DATE OF NATURALIZATION (if applicable) \_\_\_\_\_

MARRIED: \_\_\_\_\_ SINGLE: \_\_\_\_\_ WIDOW: \_\_\_\_\_ WIDOWER: \_\_\_\_\_ DIVORCED: \_\_\_\_\_ RACE: \_\_\_\_\_

OTHER NAMES USED: \_\_\_\_\_

FATHER'S FULL NAME: \_\_\_\_\_ COUNTRY OF BIRTH \_\_\_\_\_

MOTHER'S FULL MAIDEN NAME: \_\_\_\_\_ COUNTRY OF BIRTH \_\_\_\_\_

WIFE'S FULL MAIDEN NAME OR HUSBAND'S FULL NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_



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ROUTING SLIP

KIMBERLEY DRISCOLL  
MAYOR

The Salem Licensing Board requires each applicant to have the appropriate Departments sign this Routing Slip and return it to the Licensing Board Office prior to the issuance of a license.

BUSINESS NAME

Corporate name:

d/b/a:

LOCATION:

Tele. #

TYPE OF LICENSE:

APPLICANTS NAME:

Residence

Street:

Home tele. #

City:

State:

Zip:

TO ALL CITY DEPARTMENTS: your signature on this form is notifying the Licensing Board that all requirements of your department have been met, at which time the Licensing Board will issue a license.

Salem Historic Commission      DATE  
120 Washington Street

Sign Review/Planning Dept.      DATE  
120 Washington Street

Salem Health Department      DATE  
120 Washington Street

Fire Prevention      DATE  
29 Fort Ave.

Building Inspector      DATE  
120 Washington Street

Department of Public Services      DATE  
(Water Dept.)  
120 Washington Street



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HEALTH DEPARTMENT  
NOTIFICATION FORM

IF YOUR APPLICATION INCLUDES THE SERVING OF FOOD YOU MUST HAVE THIS  
FORM SIGNED BY THE HEALTH DEPARTMENT PRIOR TO SUBMITTING YOUR  
APPLICATION TO THE LICENSING BOARD.

(this form MUST be signed and returned with your application).

NAME OF BUSINESS

Corporate name:

d/b/a:

LOCATION:

TELE. #

TYPE OF LICENSE

APPLICANTS INFORMATION

Name:

Home address:

City:

State:

Zip:

Home tele. #

HEALTH AGENT/INSPECTOR'S COMMENTS:

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DATE \_\_\_\_\_

\_\_\_\_\_  
Health Agent



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**WEEKDAY AMUSEMENT-ENTERTAINMENT LICENSE  
APPLICATION**

**UNDER SECTION 183A, CHAPTER 140 OF  
THE GENERAL LAWS**

DATE:.....

NAME OF APPLICANT.....  
IF A CORPORATION SPELL OUT CORRECTLY

ADDRESS.....

TYPE OF BUSINESS.....

TYPE OF AMUSEMENT - ENTERTAINMENT .....

.....

**ALL FORMS OF AMUSEMENT AND ENTERTAINMENT INCLUDING RADIO, MUSIC IN ANY  
FORM, TELEVISION, JUKE-BOXES ETC., REQUIRE LICENSING UNDER THE ABOVE  
SECTION.**

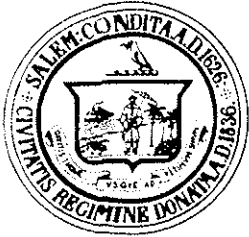
**SUNDAY LICENSES REQUIRE A SEPARATE APPLICATION.**

**IF THE ABOVE APPLICANT IS A CORPORATION, THIS APPLICATION MUST BE SIGNED  
BY A CORPORATE OFFICER.**

File by December 15th  
Fee \$100-Make Check  
Payable to City of Salem

Signature.....

Home Address.....



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APPLICATION FOR LICENSE FOR AUTOMATIC AMUSEMENT DEVICE  
(Mass General Laws, Chapter 140, Section 177A)

Automatic amusement devices licensed under this section shall be so installed on the premises described in the license as to be in open view at all times while in operation and shall at all times be available for inspection.

Any violation of any provision of this section or of Chapter 136 of the General Laws, by any person managing or controlling any premises where an automatic amusement device licensed under this section is kept or offered for operation, shall be cause for the revocation of all licenses for automatic amusement devices kept or offered for operation on such premises.

NAME OF APPLICANT \_\_\_\_\_

ADDRESS WHERE AMUSEMENT DEVICE IS TO BE LOCATED \_\_\_\_\_

\_\_\_\_\_

KIND OF BUSINESS CONDUCTED WHERE AMUSEMENT IS TO BE LOCATED \_\_\_\_\_

\_\_\_\_\_

\* "M" NUMBER AND DESCRIPTION OF AMUSEMENT DEVICES AT THIS LOCATION \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

NAME AND ADDRESS OF DISTRIBUTOR \_\_\_\_\_

\_\_\_\_\_

\* "M" number may be  
obtained from the  
distributor

SIGNATURE OF APPLICANT \_\_\_\_\_

RESIDENCE ADDRESS \_\_\_\_\_

FEE: \$100 PER MACHINE  
CALENDAR YEAR

TELEPHONE NUMBER \_\_\_\_\_

**IMPORTANT INFORMATION FOR ALL PARTIES  
IN A LIQUOR LICENSE TRANSACTION**

- a. Grant of an application by the Local Licensing Board is only the first step in the license process. The second step is approval by the ABCC. If the ABCC approves, the final step is issuance of the license by the Local Licensing Board.
- b. Until and unless a license is issued the new owner may not take part in the operation of the premises and the old owner, if any, is still liable for the operation of the premises.
- c. Before transferring a liquor license, the Department of Revenue (DOR) will research the tax history of both the buyer and the seller for all types of taxes, including sales, meals, withholding, corporate excise, room occupancy and personal income taxes, if applicable.

Please do not submit any documentation or information to DOR until you have applied to the ABCC and have been contacted by an employee of the Department of Revenue.

The ABCC will not approve the license until DOR signs off. It is up to the parties, not the ABCC, to resolve tax questions.

- d. The ABCC will also have an investigator contact the applicant to ask certain information about the people involved and the financing. It is important that the parties respond promptly to investigators' inquiries. Failure to do so will result in denial of the application.
- e. Operation by the applicant before final approval of the transfer can have serious ramifications for both the buyer and the seller. Operation without a license can be considered evidence of that applicant's unfitness for a license. It can also lead to revocation of the existing license. And, in certain circumstances, it opens both the buyer and the seller to possible civil and criminal liability.

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Seller	Date	Buyer	Date
--------	------	-------	------