

THE COMMONWEALTH OF MASSACHUSETTS
ALCOHOLIC BEVERAGES CONTROL COMMISSION

FORM 43

License Number _____

City/Town _____

Date _____

Type of Transaction (Please check all relevant transactions)

- New License New Officer/Director Pledge of License
- Transfer of License Change of Location Pledge of Stock
- Change of Manager Alter Premises Other _____
- Transfer of Stock

Name of licensee _____

FID of Licensee _____

D/B/A _____

Manager _____

Address: Number _____

Street _____

Zip Code _____

Annual or Seasonal _____

Category: All Alcohol, Wine & Malt _____

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

Premises: _____

Description of Licensed Property: _____

Application was filed: _____
Date & time

Advertised: _____
Date & Publication
Abutters Notified ___ Yes ___ No

Person to Contact regarding this transaction: _____

The Local Licensing Authorities
By: _____

Alcoholic Beverages Control Commission
Ellen Moriarty
Executive Director

Remarks: _____

