

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 | | |

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,
Inn, General on Premise, Etc.

Description of Licensed Premises:

Application was filed: _____
Date & time

Advertised: _____
Date & Publication

Abutters Notified ___ Yes ___ No

Person to contact regarding this transaction:

Name: _____
Address: _____
Phone #: _____

Remarks:

The Local Licensing Authorities

By: _____

Alcoholic Beverages Control Commission

Ellen Moriarty

Executive Director

Remarks: _____

