



**FOOD STORE OR SPECIALTY FOOD STORE APPLICATION FOR
RETAIL SALE OF WINES AND MALT BEVERAGES FOR OFF PREMISES CONSUMPTION**

Date Applied:	Date Approved:	Date Issued:
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<i>Office Use Only</i>	Fees Paid:	Tax Cert:	Resumes:	TIP Info:	Plan:	Interview:	CORI
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The undersigned hereby applies for a Retail Sale of Wines and Malt Beverages for Off Premises Consumption License in accordance with the provisions of Massachusetts General Law 138 Section 15 and Chapter 14 of the Acts of 2014.

(PLEASE TYPE OR PRINT CLEARLY)

Name of Applicant: _____ Date: _____

D.O.B: _____ S.S.N: _____ Dr. Lic #: _____ Fed. ID #: _____

Business Address: _____

Home Address: _____

Business Telephone: _____ Cell Phone: _____

Name and Location of Establishment: _____

Enclose Copy of Floor Plan

Dimensions of Retail Space: _____ Area of B&W display space _____ Area of B&W storage space _____

Provide Name and Social Security Number for Managers and Assistant Managers

Name	Social Security Number

Plan Review and/or Preliminary Approval *(Required Before License will be Approved)*

Reviewing Department	Signature of Approving Authority	Date of Plan Review/Approval
Building Department:		
Health Department:		
Police Department		
Design Review Board		

**PROVIDE THE FOLLOWING INFORMATION WITH RESPECT TO EACH LOCATION:
Please attach applicable store policies or other documentation as needed**

What will be the hours of operation? _____

How will you secure the display area when sales of wines and malt beverages are prohibited?

Time(s) of Peak Customer Activity _____

Est. Number of Customers at Peak Time(s): ____ Est. Number of Employees at Peak Time(s): _____

Do you hire employees 18 or under? If so, how will you assure they do not sell wines or malt beverages? ____

What provisions have been made for trash removal and bottle/can redemption?

How much parking is needed? _____

How will parking be provided? _____

What are delivery times to the store? _____

Will you deliver Wines and Malt Beverages to customers? If so, you must receive an Off-Premises Transportation Permit issued by the ABCC and describe here delivery protocol, record retention, and identification verification procedures. _____

What is the policy/practice for in-store age verification? _____

Will you accept out of state identification? If so, how will you verify authenticity? _____

I the undersigned state that the information provided in this application, and associated attachments, is true and accurate to the best of my knowledge:

Signature: _____ Printed Name: _____ Date: _____

Note: No Retail Sale of Wines and Malt Beverages license shall be approved until the applicant addresses all issues and/or concerns to the satisfaction of the Board of Selectmen; and no Retail Sale of Wines and Malt Beverages License will be issued until all required inspections have been conducted, permits granted, and final approvals given.

FOR OFFICE USE ONLY

Final Permits/Approvals Granted *(Required Before RSWMBL will be Issued)*

Approving Department	Yes	No	If "No," Reason Why	Date of Final Approval
Building Department:				
Health Department:				
Police Department:				
Fire Department:				