

**TOWN OF NORTHBOROUGH**  
**63 Main Street, Northborough, MA 01532**  
**(p) 508-393-5040 (f) 508-393-6996**

---

**MEMORANDUM**

TO: All Applicants

FROM: Diane Wackell

DATE: September 1, 2010

RE: Application Packet for Liquor Licenses

---

The Alcoholic Beverages Control Commission (ABCC) has recently launched its new and improved website. All information and applications for liquor licenses must now be obtained and completed directly through the ABCC website at [www.mass.gov/abcc](http://www.mass.gov/abcc).

Following below is a coversheet checklist. Applications will not be considered complete unless they include all supporting documentation, including floor plans, copy of a lease or purchase agreement, all financial documents verifying sources of financing, and a financial affidavit.

The entire process at the local level can take up to 4 weeks from the date that the application is considered complete. Following the completion of the local process, the application will be submitted to the ABCC for their consideration. This can take up to an additional 4-6 weeks.

Please be sure to include three separate checks as indicated on the coversheet checklist. The two checks made payable to the Town of Northborough will cover the cost of the abutters' notice from the Assessor's Department and the advertising of the public hearing notice. These checks will not be returned to you. In the event that the All Alcoholic Beverages Restaurant License is not awarded to you, the ABCC check for \$200 will be returned.

Thank you for your interest in the Town of Northborough.

**TOWN OF NORTHBOROUGH**  
**63 Main Street, Northborough, MA 01532**  
**(p) 508-393-5040 (f) 508-393-6996**

---

**NECESSARY DOCUMENTS TO PROCESS  
LIQUOR LICENSE APPLICATIONS**

IMPORTANT: Please place a check-mark next to all of the documents that are included in the application package to ensure that the application is complete, sign the following page and return with the application package.

- Zoning Compliance Approval Form (attached below)
  - Contact the Building Department to obtain Zoning Compliance approval. Approval Form is attached and must be signed by the Building Inspector and returned to this office along with the application.
- Retail Transmittal Form (from the ABCC website)
- ABCC Retail Application (from the ABCC website)
- Petition for Transfer of Ownership (from the ABCC website)  
Must be completed by both seller and buyer and must be signed by both parties.
- Manager's Form (from the ABCC website)
- Personal Information Form (from the ABCC website)  
All individuals with beneficial interests in the License, including directors, partners, etc. must complete this form.
- Naturalization Papers (if applicable).
- CORI Form – Authorization for Criminal Offender Record Information (attached below)  
Corporation: all directors and manager must complete a form.  
Partnership: each partner must complete a form.  
Individual: the individual must complete a form.
- Partnership Agreement if the applicant is a Partnership.
- Articles of Organization (if a Corporation or LLC) as filed with the Massachusetts Secretary of State (must contain the Seal of the Secretary of State).
- Vote of the Board of Directors (if a Corporation or LLC) appointing a Manager. All managers must be United States Citizens and must be at least (21) years of age.
- An 8X11 or 11X17 copy of the blue prints or a hand-drawn floor plan (drawn to scale) of the proposed premises.

**TOWN OF NORTHBOROUGH**  
**63 Main Street, Northborough, MA 01532**  
**(p) 508-393-5040 (f) 508-393-6996**

---

Page 2

- If the applicant is leasing the premises, a copy of the Lease Agreement.
- If the applicant is purchasing the premises, a copy of the Purchase & Sales Agreement.
- Supporting Financial Records.  
All records, including loan agreements, and/or other documents, as well as affidavits detailing the source(s) of money for this license transaction, including three months worth of bank statements confirming the source of funds.
- \$200 check or money order made payable to the ABCC.
- \$100 check or money order made payable to the Town of Northborough to cover the cost of the public hearing advertisement and abutter notification.
- \$25 check or money order made payable to the Town of Northborough to cover the cost of the Abutter's List from the Assessor's Department.
- \*Yes, I have contacted the Fire Chief or the Building Inspector to begin the process of obtaining a "304 Certificate of Inspection".

**\*IMPORTANT NOTICE FOR SECTION 12 LICENSEES**  
**(Restaurant, Hotel, Club, Tavern and General on Premise)**

Chapter 304 of the Acts of 2004, *An Act Relative to Fire Safety in the Commonwealth*, requires that every license holder under MGL, Chapter 138, Section 12 obtain a "304 Certificate of Inspection" from the Fire Chief and the Building Inspector.

The Board of Selectmen will not release an approved license to the applicant for use without first receiving this "304 Certificate of Inspection" from the Fire Chief and Building Inspector.

Please contact Fire Chief David Durgin at 508-393-1540 to begin the process of obtaining a "304 Certificate of Inspection".

I hereby submit the application and other required documents as checked off to the Board of Selectmen for their consideration. I understand that the Selectmen's Office will not accept an incomplete application and that the application is not considered complete until all required documents are included with this cover sheet.

---

Signature of Applicant  
or Authorized Representative

---

Date

**TOWN OF NORTHBOROUGH**  
**63 Main Street, Northborough, MA 01532**  
**(p) 508-393-5040 (f) 508-393-6996**

---

# Town of Northborough

## Building Department

63 Main Street  
Northborough, MA 01532-1994  
(508) 393-5010 Office (508) 393-6996 Fax

Business name:

\_\_\_\_\_ *Please print*

Address: \_\_\_\_\_, Northborough, MA 01532

Type of Business, full description of operation at this location. *(please print):*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Applicant: \_\_\_\_\_ Phone #: \_\_\_\_\_  
*Please print*

\_\_\_\_\_ *Signature*

\_\_\_\_\_ *Date*

=====

*For office use only below this line*

GIS: Map # \_\_\_\_\_, Parcel # \_\_\_\_\_

Zone(s): \_\_\_\_\_ Groundwater Protection Overlay: Area(s) \_\_\_\_\_

To whom it may concern:

This is to certify that the business listed above **is / is not an allowed use** and meets all of the requirements for use under the Town of Northborough Zoning Bylaws.

\_\_\_\_\_  
William S. Farnsworth, Jr.  
Inspector of Buildings/Zoning Enforcement Officer

\_\_\_\_\_  
Date

**TOWN OF NORTHBOROUGH**  
**63 Main Street, Northborough, MA 01532**  
**(p) 508-393-5040 (f) 508-393-6996**

---

**CORI REQUEST FORM**

**NBBSL G**

The Town of Northborough has been certified by the Criminal History Systems for an alcoholic beverages license, I \_\_\_\_\_, understand that a criminal record check will be conducted for conviction and pending criminal case information only and that it will not necessarily disqualify me. The information below is correct to the best of my knowledge.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
LAST NAME

\_\_\_\_\_  
FIRST NAME

\_\_\_\_\_  
MIDDLE NAME

\_\_\_\_\_  
MAIDEN NAME OR ALIAS (IF APPLICABLE)

\_\_\_\_\_  
PLACE OF BIRTH

\_\_\_\_\_  
DATE OF BIRTH

\_\_\_\_\_  
SOCIAL SECURITY #

\_\_\_\_\_  
\*ID THEFT INDEX PIN  
(if applicable)

\_\_\_\_\_  
MOTHER'S MAIDEN NAME

CURRENT AND FORMER ADDRESSES:  
\_\_\_\_\_  
\_\_\_\_\_

SEX: \_\_\_\_\_ HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_ EYE COLOR: \_\_\_\_\_

STATE DRIVER'S LICENSE NUMBER: \_\_\_\_\_ (include state of issue)

\*THE INFORMATION WAS VERIFIED WITH THE FOLLOWING FORM OF GOVERNMENT ISSUED PHOTOGRAPHIC IDENTIFICATION: \_\_\_\_\_

REQUEST BY: \_\_\_\_\_  
Signature of Cori-Authorized Employee

\*\*\*\*\*

**CHSB USE ONLY**

Record Attached: \_\_\_\_\_

No Record: \_\_\_\_\_

\*The CHSB Identity Theft Index PIN Number is to be completed by those applicants that have been issued an Identity Theft Index PIN Number by the CHSB. Certified Agencies are required to provide all applicants the opportunity to include this information to ensure the accuracy of the CORI request process. **All CORI request forms that include this field are required to be submitted to the CHSB via mail or by fax to 617-660-4614.**