

# MONETARY TRANSMITTAL

THIS TRANSMITTAL MUST ACCOMPANY YOUR APPLICATION IN ORDER TO ASSURE PROPER CREDIT.

**PLEASE DO NOT SEND CASH.**

**PLEASE MAKE YOUR CHECKS PAYABLE TO COMMONWEALTH OF MASSACHUSETTS, ABCC.**

**MAIL THIS TRANSMITTAL ALONG WITH YOUR CHECK AND COMPLETED APPLICATION TO:**

ALCOHOLIC BEVERAGES CONTROL COMMISSION  
C/O BANK OF BOSTON  
P.O. BOX 3396  
BOSTON, MA 02241-3396

## **APPLICANT MUST COMPLETE THE FOLLOWING:**

NAME:		
ADDRESS:		
CITY/TOWN:	STATE:	ZIP CODE:
COUNTRY		

1	2	3	4	5
<u>LICENSE</u>	<u>LIC.</u>	# OF	<u>FEE</u>	<u>TOTAL</u>
<u>NAME</u>	<u>CODE</u>	<u>PERMITS,</u>	<u>AMOUNT</u>	<u>(COL.3 X COL.4)</u>
		<u>LICENSES</u>		
		<u>REQUESTED</u>		
FINES	FI	_____		\$ _____
SPECIAL PERMITS	SPMT	_____		\$ _____
MISCELLANEOUS FEES	MF	_____		\$ _____
FILING FEES	FF	_____		\$ _____
			<b>CHECK TOTAL</b>	\$ _____