



The Commonwealth of Massachusetts  
 The Alcoholic Beverages Control Commission  
 Leverett Saltonstall Building, Government Center  
 100 Cambridge Street, Boston 02202-0002

Telephone: 617-727-3040  
 FAX: 617-727-1258

# SPECIAL PERMIT APPLICATION (M. G. L. Chapter 138, Section 22A)

I hereby apply for a Special Permit to import alcoholic beverages into Massachusetts from \_\_\_\_\_ . These beverages were acquired by: (check one) Household Effects \_\_\_\_\_, Gift \_\_\_\_\_.

My age at present is \_\_\_\_\_ years old. My Massachusetts residential address is \_\_\_\_\_.

The quantity is as follows:

_____ gallons of still wine	@ \$ .55 per gallon	_____
_____ gallons of sparkling wine	@ \$ .70 per gallon	_____
_____ gallons of spirits	@ \$4.05 per gallon	_____
_____ gallons of malt beverage	@ \$ .11 per gallon	_____
_____ Permit Fee	\$1.00	_____
Total Due		_____

### CONVERSION CHART

- 50 ml = 1.7 oz.
- 200 ml = 6.8 oz.
- 500 ml = 16.9 oz.
- 750 ml = 25.4 oz.
- 1 liter = 33.8 oz.
- 1.75 liter = 59.2 oz.
- . . . . .
- 128 ounces = 1 gallon

(Over)

If shipment is part of household effects, state previous address:

---

---

---

If shipment is a gift, state donor's name, address and telephone number:

---

---

---

Telephone Number: \_\_\_\_\_

Please state the Name, Address and Telephone Number (if possible) of the Winery, Brewery or Distillery where these alcoholic beverages were manufactured: \_\_\_\_\_

---

---

---

Under pains and penalty of perjury, I certify that these beverages are for personal use and not for resale.

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
TELEPHONE NUMBER (AREA CODE)

**IDENTIFICATION MUST BE PROVIDED.**

# 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>REQUESTED</u>		
FINES	FI	_____		\$ _____
SPECIAL PERMITS	SPMT	_____		\$ _____
MISCELLANEOUS FEES	MF	_____		\$ _____
FILING FEES	FF	_____		\$ _____
CHECK TOTAL				\$ _____