



Town of Lexington, Massachusetts

OFFICE OF SELECTMEN

TEL: (781) 862-0500 x208
FAX: (781) 863-9468

How to apply for

CHANGE OF CORPORATE NAME

1. Go to the Alcoholic Beverages Control Commission (ABCC) web page www.mass.gov/abcc, click on "Forms & Applications", then click the "Retail Forms" tab, and then click on "[Change of Corporate Name](#)". Fill out the ABCC application on-line, print and sign as necessary and submit to the Selectmen's Office along with all other required information. The attached checklist will assist you in providing a complete application package.
2. In addition to the ABCC application package, please provide the Selectmen's Office with a check for \$100 made payable to the Town of Lexington. Also fill out the attached Form 43.
3. When a complete application package is received by the Selectmen's Office a date for a hearing before the Selectmen will be scheduled.
4. If the Selectmen approve the application, it will be forwarded to the ABCC after the hearing for their review/approval.
5. For your information, please keep the attached copy of the Selectmen's Regulations applicable to Restaurants, Package Stores, and/or Clubs in your files for future reference.
6. Please contact the Selectmen's Office if you have any questions.

Change of Corporate Name Checklist

This application will be returned if the following documentation is not submitted:

- Retail Transmittal Form
- \$200.00 Fee made payable to the Commonwealth of Massachusetts or the ABCC
- Petition for Change of License
- Amended Articles of Organization
- Vote of Corporate Board or LLC

The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

For Reconsideration

FORM 43
MUST BE SIGNED BY LOCAL LICENSING AUTHORITY

ABCC License Number

City/Town

Local Approval Date

TRANSACTION TYPE (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"/> Change Corporate Name |
| <input type="checkbox"/> Transfer of License | <input type="checkbox"/> Change of Location | <input type="checkbox"/> Pledge of Stock | <input type="checkbox"/> Seasonal to Annual |
| <input type="checkbox"/> Change of Manager | <input type="checkbox"/> Alteration of Licensed Premises | <input type="checkbox"/> Transfer of Stock | <input type="checkbox"/> Change of License Type |
| <input type="checkbox"/> Cordials/Liqueurs Permit | <input type="checkbox"/> Issuance of Stock | <input type="checkbox"/> New Stockholder | <input type="checkbox"/> Other <input type="text"/> |
| <input type="checkbox"/> 6-Day to 7-Day License | <input type="checkbox"/> Management/Operating Agreement | <input type="checkbox"/> Wine & Malt to All Alcohol | |

Name of Licensee

EIN of Licensee

D/B/A

Manager

ADDRESS: CITY/TOWN: STATE: ZIP CODE:

Annual or Seasonal

Category: (All Alcohol- Wine & Malt Wine,
Malt & Cordials)

Type: (Restaurant, Club, Package
Store, General On Premises, Etc.)

Complete Description of Licensed Premises:

Application Filed:

Date & Time

Advertised:

Date & Attach Publication

Abutters Notified: Yes No

Contact Person for Transaction

Phone:

ADDRESS: CITY/TOWN: STATE: ZIP CODE:

Remarks:

The Local Licensing Authorities By:

Alcoholic Beverages Control Commission
Ralph Sacramone
Executive Director

ABCC Remarks:
