

## PACKAGE STORE §15 LICENSE

All Package Store Licenses (PKAA/PKWM): all MGL c.138 §15 “package store” licenses must receive the following sign-offs from the departments listed below for the purposes as listed. **The Board of Selectmen will not accept any applications without proper sign-offs by each department.**

**DMI Zoning Board of Appeals** – the Pembroke DMI-Zoning Board office must confirm for the purposes of this application that the application for a Package Store License is an allowed use at the address (Business A, Business B). This confirmation is received through a sign-off by DMI staff.

**DMI Building Department** – the Pembroke DMI-Building Department issues a variety of types of building permits as well as sign permits. If your exterior sign is changing, file Sign Permit Application with the Building Department; the fee is \$4 per sq. ft. **Do not have your sign made until it is approved.** All inspections on the premises must be satisfactorily performed or scheduled, and such confirmation is received through a sign-off by DMI staff.

**DMI Health Department** - If prepared food is served or sold, application for food licenses and permits as well as inspection from the DMI-Board of Health’s office is required. If applicable, permits must be procured and inspection of the premises must be satisfactorily performed or scheduled, and such confirmation is received through a sign-off by DMI staff.

Once the Supplemental Application is complete and has been acknowledged by each relevant department through the sign-offs contained herein, submit it with your ABCC complete application (<https://www.mass.gov/alcoholic-beverages-retail-licenses>) **and all addenda** with your check payable to the Town of Pembroke in the amount of \$100 to schedule your hearing before the Local Licensing Authorities. **Incomplete applications will not be accepted.**

All new businesses in the Town of Pembroke **must file an application for a business certificate with the Town Clerk** before any PKAA/PKWM License is issued.

The Board of Selectmen will issue the physical license upon approval of the ABCC. Licenses are renewed annually between November 1<sup>st</sup> and November 30<sup>th</sup> in accordance with MGL c.138 §15.

COMMONWEALTH OF MASSACHUSETTS  
TOWN OF PEMBROKE

**APPLICATION FOR A LICENSE**

TO THE LICENSING AUTHORITIES:

In accordance with the provisions of the Statutes relating thereto, application for a License is hereby made by

Name: \_\_\_\_\_  
(full name of **person, firm** or **corporation** making application)

\_\_\_\_\_  
(location and street number of **business** operation in Pembroke)

Request Permit or License to:     **PACKAGE STORE LICENSE**

**CERTIFICATION OF TAX PAYMENT**

I CERTIFY UNDER THE PENALTIES OF PERJURY THAT I, TO MY BEST KNOWLEDGE AND BELIEF, HAVE FILED ALL STATE TAX RETURNS AND PAID ALL STATE TAXES REQUIRED BY LAW.

\_\_\_\_\_  
Signature of Individual or Corporate Name  
(Mandatory)

\_\_\_\_\_  
By: Corporate Officer (Mandatory, if applicable)

\_\_\_\_\_  
Social Security Number or  
Federal Identification Number

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

Your social security number will be furnished to the Massachusetts Department of Revenue to determine whether you have met tax filing or tax payment obligations. Licensees who fail to correct their non-filing or delinquent taxes will be subject to license suspension or revocation. This request is made under the authority of M.G.L. Chapter 62C, Section 49A.

*\* This license will not be renewed unless this certification clause is signed by the applicant.*

cc: Building Dept  
Police Dept  
Fire Dept

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Address of applicant

\_\_\_\_\_  
Telephone #

Do Not Write Below This Line

\_\_\_\_\_  
**Board of Selectmen Clerk**

**LICENSE FEE:** \_\_\_\_\_ **APPROVED? YES / NO**

**LICENSE DATE:** \_\_\_\_\_

**LICENSE #** \_\_\_\_\_

COMMONWEALTH OF MASSACHUSETTS  
TOWN OF PEMBROKE

**APPLICATION FOR A PACKAGE STORE LICENSE**

TO THE BOARD OF SELECTMEN:

In accordance with the provisions of the Statutes relating thereto, application for a License is hereby made by

Name: \_\_\_\_\_  
(full name of **the Individual** making the application)

\_\_\_\_\_  
(home address of **Individual** making the application)

Request Permit or License to: **PACKAGE STORE'S LICENSE**

**Full Business Name with D/B/A:** \_\_\_\_\_

**Business Address:** \_\_\_\_\_

Nature of Business (convenience/package only): \_\_\_\_\_

Is Business owned: Individually \_\_\_\_\_ Partnership \_\_\_\_\_ Corporation \_\_\_\_\_

**Days and Hours of Operation:** \_\_\_\_\_

Manager's Name: \_\_\_\_\_

Manager's Address: \_\_\_\_\_

Have you ever been convicted of a felony in this state or any other state or territory? \_\_\_\_\_

Has any license issued to you under the provision of the General Laws ever been suspended or revoked? If so, give particulars: \_\_\_\_\_

**Any intentional false answers to any of the above questions will be just cause for the revocation of any licenses issued under the provision of the General Laws, as amended.**

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

**Workers Compensation Insurance Affidavit and iCORI Authorization Form must be submitted with this application for the application to be considered a complete submission.**

\_\_\_\_\_  
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**Approval of:**

**Building Inspector:** \_\_\_\_\_ **Board of Health:** \_\_\_\_\_

**Town Clerk:** \_\_\_\_\_ **ZBA if necessary:** \_\_\_\_\_

## PACKAGE STORE LICENSE APPLICATION CHECKLIST

Package store licenses are issued to establishments that perform retail sales of alcoholic beverages in accordance with Massachusetts General Laws, Chapter 138 §15.

\*There may be additional permits issued by either the Board of Selectmen or Board of Health that are different and are required if the applicant will serve prepared food to the public.

A Package store's license is issued on an annual basis with an expiration date of December 31. **The mandatory renewal period for this license is from November 1<sup>st</sup> to November 30<sup>th</sup> during which period the owner, officer or manager must appear in person at the Board of Selectmen's office to sign a renewal affidavit for the ABCC in accordance with MGL c.138 §15.** The application fee to the Town is \$100. The annual cost of this license is \$2,000 for Package Store – All Alcohol Licenses (PKAA) and \$1,250 for Package Store – Wine and Malt Licenses (PKWM).

All applicants must show that this license type (PACKAGE STORE) is an allowed use in the zoning district in which the business address lies; the DMI - Zoning Board of Appeals office is in Room#4 and can be reached at (781) 293-3864. **Staff Sign-off required.**

All applicants must have a certificate of inspection (if applicable) and have submitted a Sign Permit application to the DMI - Building Department which is located in Room#4 and can be reached at (781) 293-3864. **Staff Sign-off required.**

All vendors who sell prepared food to the public must obtain the necessary food permits and inspection from the DMI - Health Office which can be reached at (781) 293-2718. **Staff Sign-off required.**

All businesses require a Business Certificate filed with the Town Clerk's office which can be reached at (781) 293-7211. **Staff Sign-off required.**

**ZBA: Zoning District Confirmation:** \_\_\_\_\_ **Initial:** \_\_\_\_\_  
**Notes:**

**Building Dept: Inspection Performed:** \_\_\_\_\_ **Initial:** \_\_\_\_\_  
**Sign Permit Application Filed** \_\_\_\_\_ **Initial:** \_\_\_\_\_  
**Notes:**

**Board of Health: Food Permit Required?** \_\_\_\_\_ **Initial:** \_\_\_\_\_  
**Scheduled Inspection Date:** \_\_\_\_\_ **Initial:** \_\_\_\_\_  
**Notes:**

**Town Clerk: Business Certificate Date:** \_\_\_\_\_

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**Complete Application Submittal Date:** \_\_\_\_\_  
(includes all ABCC required paperwork including a complete application, EPAY confirmation receipt of payment to the ABCC and all required addenda, Town of Pembroke Worker's Comp Affidavit & Town of Pembroke iCORI Authorization Form)

**Board of Selectmen Scheduled Meeting Date:** \_\_\_\_\_