

The Commonwealth of Massachusetts
 Alcoholic Beverages Control Commission
 95 Fourth Street, Suite 3, Chelsea, MA 02150-2358
 www.mass.gov/abcc

APPLICATION FOR AMENDMENT-Change of License Classification

Change of Category

(e.g. All Alcohol, Wines and Malt)

- DOR Certificate of Good Standing
- DUA Certificate of Compliance
- Change of Category Application
- Vote of the Entity
- Abutter's Notification*
- Advertisement*
- Payment Receipt

Change of Class

(e.g. Seasonal /Annual)

- DOR Certificate of Good Standing
- DUA Certificate of Compliance
- Change of Classification Application
- Vote of the Entity
- Abutter's Notification*
- Advertisement*
- Payment Receipt

Change of License Type

(§12 ONLY, e.g. general on premises, tavern, inn, restaurant)

- Change of License Type Application
- Vote of the Entity
- Advertisement*
- Payment Receipt

**If abutter notification and advertisement are required for transaction, please see the local licensing authority.*

1. BUSINESS ENTITY INFORMATION

Entity Name	Municipality	ABCC License Number
Beacon Hill Hospitality Group Inc.	Boston	011601243

Please provide a narrative overview of the transaction(s) being applied for. Attach additional pages, if necessary.

Amending our existing Wine & Malt license to add Cordials to it.

APPLICATION CONTACT

The application contact is the person who should be contacted with any questions regarding this application.

Name	Title	Email	Phone
Babak Bina	President	babak@binaboston.com	617-512-2550

2. LICENSE CLASSIFICATION INFORMATION

2a. Change of License Category	Last-Approved License Category	Wines and Malt Beverages
All Alcohol, Wine and Malt, Wine Malt and Cordials	Requested New License Category	
2b. Change of License Class	Last-Approved License Class	
Seasonal or Annual	Requested New License Class	
2c. Change of License Type*	Last-Approved License Type	
E.g. Restaurant to Club *Certain License Types CANNOT change once issued*	Requested New License Type	

APPLICANT'S STATEMENT


I, Babak Bina the: sole proprietor; partner; corporate principal; LLC/LLP manager
Authorized Signatory
of Beacon Hill Hospitality Group Inc.
Name of the Entity/Corporation

hereby submit this application (hereinafter the "Application"), to the local licensing authority (the "LLA") and the Alcoholic Beverages Control Commission (the "ABCC" and together with the LLA collectively the "Licensing Authorities") for approval.

I do hereby declare under the pains and penalties of perjury that I have personal knowledge of the information submitted in the Application, and as such affirm that all statements and representations therein are true to the best of my knowledge and belief. I further submit the following to be true and accurate:

- (1) I understand that each representation in this Application is material to the Licensing Authorities' decision on the Application and that the Licensing Authorities will rely on each and every answer in the Application and accompanying documents in reaching its decision;
- (2) I state that the location and description of the proposed licensed premises are in compliance with state and local laws and regulations;
- (3) I understand that while the Application is pending, I must notify the Licensing Authorities of any change in the information submitted therein. I understand that failure to give such notice to the Licensing Authorities may result in disapproval of the Application;
- (4) I understand that upon approval of the Application, I must notify the Licensing Authorities of any change in the ownership as approved by the Licensing Authorities. I understand that failure to give such notice to the Licensing Authorities may result in sanctions including revocation of any license for which this Application is submitted;
- (5) I understand that the licensee will be bound by the statements and representations made in the Application, including, but not limited to the identity of persons with an ownership or financial interest in the license;
- (6) I understand that all statements and representations made become conditions of the license;
- (7) I understand that any physical alterations to or changes to the size of the area used for the sale, delivery, storage, or consumption of alcoholic beverages, must be reported to the Licensing Authorities and may require the prior approval of the Licensing Authorities;
- (8) I understand that the licensee's failure to operate the licensed premises in accordance with the statements and representations made in the Application may result in sanctions, including the revocation of any license for which the Application was submitted; and
- (9) I understand that any false statement or misrepresentation will constitute cause for disapproval of the Application or sanctions including revocation of any license for which this Application is submitted.
- (10) I confirm that the applicant corporation and each individual listed in the ownership section of the application is in good standing with the Massachusetts Department of Revenue and has complied with all laws of the Commonwealth relating to taxes, reporting of employees and contractors, and withholding and remitting of child support.

Signature:



Date:

8/18/2021

Title:

President

CORPORATE VOTE

The Board of Directors or LLC Managers of
Entity Name
duly voted to apply to the Licensing Authority of
City/Town and the
Commonwealth of Massachusetts Alcoholic Beverages Control Commission on
Date of Meeting

For the following transactions (Check all that apply):

- Change of Class (i.e. Annual / Seasonal)
- Change of License Type (i.e. club / restaurant)
- Change of Category (i.e. All Alcohol/Wine, Malt)
- Other

“VOTED: To authorize
Name of Person


to sign the application submitted and to execute on the Entity's behalf, any necessary papers and do all things required to have the application granted.”

A true copy attest,

Corporate Officer /LLC Manager Signature

(Print Name)

For Corporations ONLY
A true copy attest,



Corporation Clerk's Signature

Babak Bina

(Print Name)

Payment Confirmation

YOUR PAYMENT HAS PROCESSED AND THIS IS YOUR RECEIPT

Your account has been billed for the following transaction. You will receive a receipt via email.



Transaction Processed Successfully.

INVOICE #: a0394e78-c846-4de4-adfe-a4edcf0857d5

Description	Applicant, License or Registration Number	Amount
FILING FEES-RETAIL	011601243	\$200.00
		\$200.00

Total Convenience Fee: **\$4.70**

Total Amount Paid: **\$204.70**

Date Paid: **8/18/2021 1:28:41 PM EDT**

Payment On Behalf Of

License Number or Business Name:
011601243

Fee Type:
FILING FEES-RETAIL

Billing Information

First Name:
babak

Last Name:
bina

Address:
26 charles street

City:
Boston

State:
MA

Zip Code:
02114

Email Address:
babak@binaboston.com