



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

**APPLICATION FOR A TRANSFER OF LICENSE**

Municipality

**1. TRANSACTION INFORMATION**

- |   |   |   |
|---|---|---|
| <input checked="" type="checkbox"/> Transfer of License | <input type="checkbox"/> Pledge of Inventory        | <input type="checkbox"/> Change of Class  |
| <input type="checkbox"/> Alteration of Premises         | <input type="checkbox"/> Pledge of License          | <input type="checkbox"/> Change of Category   |
| <input type="checkbox"/> Change of Location             | <input type="checkbox"/> Pledge of Stock            | <input type="checkbox"/> Change of License Type<br>(\$12 ONLY, e.g. "club" to "restaurant") |
| <input type="checkbox"/> Management/Operating Agreement | <input type="checkbox"/> Other <input type="text"/> |   |

Please provide a narrative overview of the transaction(s) being applied for. On-premises applicants should also provide a description of the intended theme or concept of the business operation. Attach additional pages, if necessary.

The Applicant is applying to transfer ABCC License# 01243-RS-0116 from Beacon Hill Hospitality Group, Inc. to Biscay LLC at the same location. The Applicant is proposing a change of concept and minor updates to the ascetics of the Premise associated with the change of concept.

**2. LICENSE CLASSIFICATION INFORMATION**

<u>ON/OFF-PREMISES</u>	<u>TYPE</u>	<u>CATEGORY</u>	<u>CLASS</u>
On-Premises-12	\$12 Restaurant	Wines & Malt Beverages with Cordials/Liqueurs	Annual

**3. BUSINESS ENTITY INFORMATION**

The entity that will be issued the license and have operational control of the premises.

Current or Seller's License Number  FEIN

Entity Name

DBA  Manager of Record

Street Address

Phone  Email

Add'l Phone  Website

**4. DESCRIPTION OF PREMISES**

Please provide a complete description of the premises to be licensed, including the number of floors, number of rooms on each floor, any outdoor areas to be included in the licensed area, and total square footage. If this application alters the current premises, provide the specific changes from the last approved description. You must also submit a floor plan.

2,600SF in one room on the first floor to include a dining area with seating for 48 and counter seating for 15, kitchen in the rear and storage in the basement.

Total Sq. Footage	<input type="text" value="2,600 sq ft."/>	Seating Capacity	<input type="text" value="63"/>	Occupancy Number	<input type="text" value="64"/>
Number of Entrances	<input type="text" value="1"/>	Number of Exits	<input type="text" value="1"/>	Number of Floors	<input type="text" value="2"/>

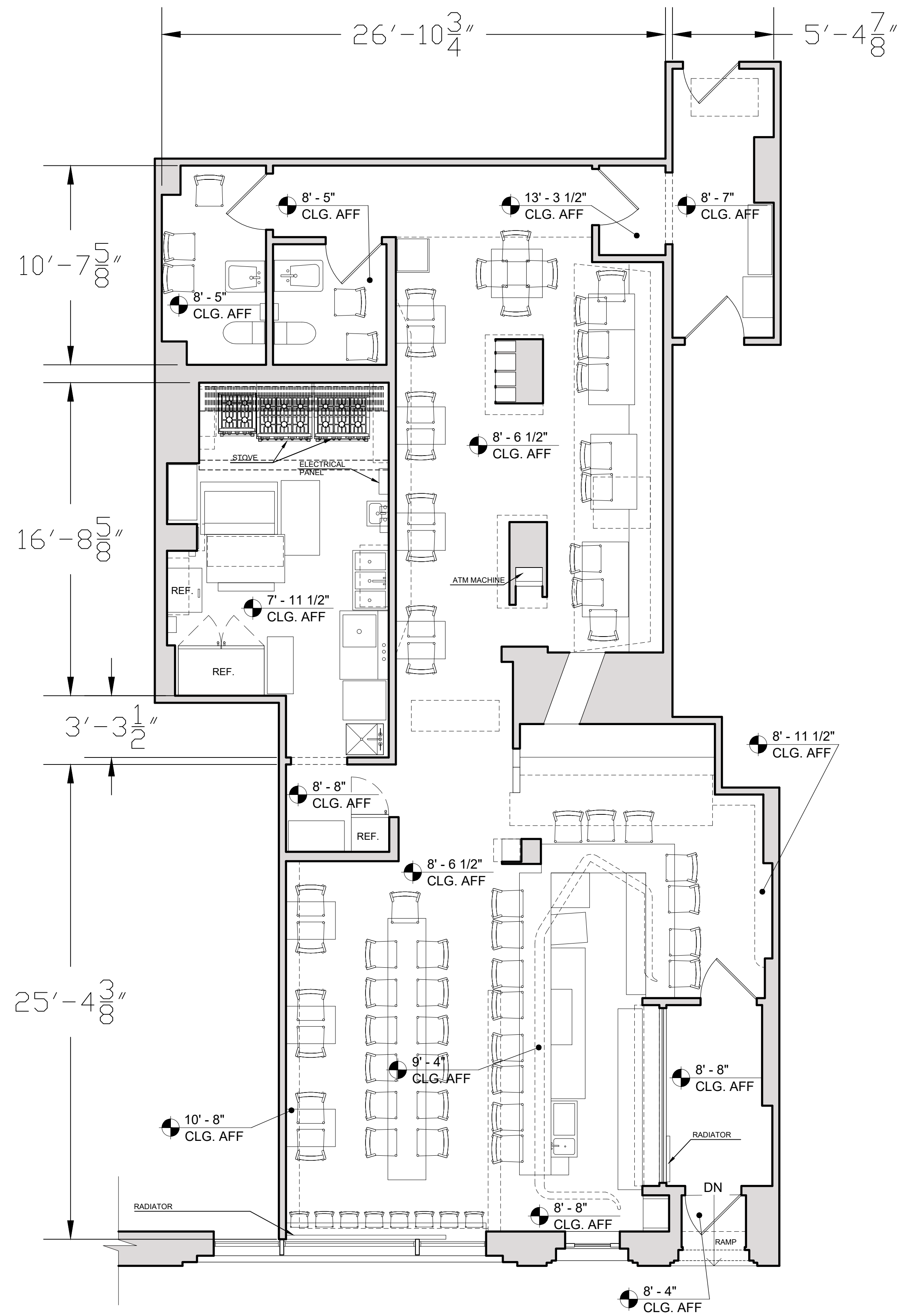


POINTKNOWN

418 MASSACHUSETTS AVENUE  
ARLINGTON, MA  
02474  
617 575 2222  
POINTKNOWN.COM

Owner

client logo here



FIRST FLOOR  
26 Charles St

# 26 Charles St

Boston, MA

Stamp

**NOT FOR  
CONSTRUCTION**

Key Plan

Drawing Title  
FIRST FLOOR

Job Number	GCD02
Drawn by	Author
Checked	Checker
Date	05-07-2024
Scale	1/2" = 1'-0"
Drawing No.	

## XC1.0