



# Licensing Board for the City of Boston

One City Hall Square, Room 809, Boston, Massachusetts 02201

Telephone: (617) 635-4170; Facsimile: (617) 635-4742; Email: LicensingBoard@cityofboston.gov

## REQUEST FOR CHANGES TO LICENSE/CORPORATION

Please complete this form when requesting **any type of change** to an existing Billiard, Bowling Alley, Common Victualler, Fortune Teller, Innholder (w/no alcohol), or Lodging House License. Please complete this form **only when requesting changes to the operating hours, conditions, or capacity** of a Club, Common Victualler with Alcohol, Druggist, General on Premise, Innholder with Alcohol, Retail Package Store, or Tavern License.

**Applicant** (Individual/Corporation): \_\_\_\_\_

**Doing Business As** (d/b/a, if different from above): \_\_\_\_\_

\_\_\_\_\_

**Business's Address:** \_\_\_\_\_

**License Number:** \_\_\_\_\_

**Type of Change(s) Requested** (i.e. manager, hours, capacity, add officer/shareholder, etc.): \_\_\_\_\_

\_\_\_\_\_

**Change From:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Change To:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*I hereby certify under the pains and penalties of perjury that the above is true and accurate information.*

**Signature:** \_\_\_\_\_

**Dated:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

**Title as it relates to Business:** \_\_\_\_\_

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*For the Board's official use only.*

**GRANTED:** \_\_\_\_\_

**DENIED:** \_\_\_\_\_

**Remarks/Conditions:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



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## **PERSONAL INFORMATION FORM** (Revised 1/2013)

### **SECTION I – LICENSEE INFORMATION:**

Name of Licensee/Business: \_\_\_\_\_

Doing Business As (d/b/a, if different from above): \_\_\_\_\_

Address of Business: \_\_\_\_\_

Business Telephone #: \_\_\_\_\_ Business Facsimile #: \_\_\_\_\_

### **SECTION II – PERSONAL INFORMATION:**

Your Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Your Home Address: \_\_\_\_\_

Home #: \_\_\_\_\_ Cellphone #: \_\_\_\_\_

Place of Current Employment: \_\_\_\_\_

Employment for the Last Ten Years (dates, position, employer, address):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Your Title as it Relates to the Business/Licensee: \_\_\_\_\_

Describe Your Interest in this Business/Licensee:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*I hereby certify under the pains and penalties of perjury that the above is true and accurate information.*

Signature: \_\_\_\_\_

Dated: \_\_\_\_\_





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## CRIMINAL RECORD INFORMATION FORM (Revised 1/2013)

Your Name: \_\_\_\_\_

Your Alias(es), if any: \_\_\_\_\_

Your Home Address: \_\_\_\_\_

Occupation: \_\_\_\_\_

Birthplace: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_

Husband/Wife's Name: \_\_\_\_\_

Name of Corporation/Licensee/Business: \_\_\_\_\_

Address of Corporation/Licensee/Business: \_\_\_\_\_

*If you have any record of misdemeanors including, but not limited to, drunkenness, simple assault, speeding, minor traffic violations, and affray or disturbance of the peace, and such offenses were disposed of ten or more years prior to the filing of this application, you may be considered to have "No Record" for the purposes of furnishing this department information as to your criminal record.*

I, (print your name) \_\_\_\_\_, applicant for a (print type of license you are requesting) \_\_\_\_\_

in the City of Boston, hereby state I have not been convicted for violation of a State or Federal narcotic law.

I, (print your name) \_\_\_\_\_, do hereby state that I have no record of criminal convictions in any State or Federal Court except those as listed below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I, (print your name) \_\_\_\_\_, do hereby state that I have no pending criminal charges for any criminal violations in any State or Federal Court except as those listed below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signed and subscribed to under the pains and penalties of perjury this \_\_\_\_\_ day of  
(month) \_\_\_\_\_, (year) \_\_\_\_\_.

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

**\*\* Any statements contained herein found to be untrue shall be cause for the cancellation and/or revocation of any License granted to the applicant or Corporation in which he/she is a principal or agent.**