

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

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(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:	
and affray or disturbance of the peace, and such offenses	not limited to, drunkenness, simple assault, speeding, minor traffic violations, s were disposed of ten or more years prior to the filing of this application, you as 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 con	nvicted for violation of a State or Federal narcotic law.
have no record of criminal convictions in any State of	, do hereby state that I
I, (print your name)	, do hereby state that I
	olations in any State or Federal Court except as those listed below:
Signed and subscribed to under the pains and (month), (j	
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.