



# **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](mailto:LicensingBoard@cityofboston.gov)

## **INSTRUCTIONS FOR INNHOLDER LICENSES**

***(No liquor)***

***\* In accordance to G. L. c. 140, § 3, and the Rules of the Board, all Innholders must keep in permanent form a register which shall record the true name and residence of every person engaging or occupying a private room. Such register shall be kept for period of one year after the last entry therein, and shall be made available for inspection to the Licensing Board and/or its agents.***

***\* Innholder Licenses must be renewed annually in the month of November. The annual fee is \$1,100.00.***

1. Make sure the proposed location is zoned for an innholder. If it is not, you must go to the Zoning Board and obtain approval to change the zoning use.
2. Meet with the local Neighborhood Association ([http://www.cityofboston.gov/ons/coor\\_list.asp](http://www.cityofboston.gov/ons/coor_list.asp)), and speak with the City Councilor for the District (<http://www.cityofboston.gov/citycouncil/councillors/>) prior to the hearing before the Licensing Board.
3. File the completed application with: a copy of the lease agreement (in the applicant's name); an 8 ½ x 11 floor plan of each floor; and completed Personal Information Form(s) and Criminal Record Information Form(s) for all owner(s), shareholder(s), officer(s), manager(s), and person(s) with a financial interest in the business. Corporations should also submit a printout of the summary screen generated by the state's corporation database containing the corporation's general information (<http://corp.sec.state.ma.us/corp/corpsearch/corpsearchinput.asp>).
4. Appear at the hearing before the Licensing Board.
5. If the License is granted, you must personally come to the Licensing Board to pay for it and pick it up. Prior to being able to pick up the license, you must go to Inspectional Services Department and obtain a current Inspection Certificate (white paper with gold seal). If you have a place of assembly (i.e. function room) and the capacity of that space is more than 50, you must also obtain a Fire Assembly permit from the Fire Department. Both of these Departments are located at 1010 Massachusetts Avenue (4th Floor).

***\*Licenses will not be issued or released until all necessary documents are provided.\****





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## APPLICATION FOR INNHOLDER LICENSE

(No alcohol)

Name of Applicant (Individual/Corporation): \_\_\_\_\_

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

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

Mailing Address (if different from above): \_\_\_\_\_

Telephone #: \_\_\_\_\_ Facsimile #: \_\_\_\_\_ Email: \_\_\_\_\_

Name of Manager of Record: \_\_\_\_\_

Name of Managing Company: \_\_\_\_\_

Mailing Address of Managing Company: \_\_\_\_\_

Contact Person at Managing Company: \_\_\_\_\_ & Telephone #: \_\_\_\_\_

Description of Premises (include full description of facilities available to guests): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Total # of Floors: \_\_\_\_\_ Total # of Rooms: \_\_\_\_\_ Total # of Lodgers: \_\_\_\_\_

List All Persons/Entities with Interest in this License (corporate stockholders, directors, officers, clerks, LLC members, managers, and any person/entity with a direct/indirect beneficial/financial interest). Attach additional pages if necessary.

Name of Person/Entity	Title/Position	# Stock/ % Owned

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

REJECTED: \_\_\_\_\_

Restrictions/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):

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

Describe Your Interest in this Business/License: \_\_\_\_\_

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*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.***