



# **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

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

