

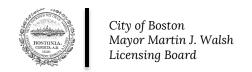
Commissioners:

Kathleen M. Joyce, Chairman
Keeana S. Saxon
Liam P. Curran
Executive Secretary:
Lesley Delaney Hawkins

Request for Changes to License / Corporation (Revised 8/2020)

Please complete this form when requesting <u>any type of change</u> to an existing Billiard, Bowling Alley, Common Victualler, Fortune Teller, Innholder (w/ no alcohol), or Lodging House License. Please complete this form <u>only</u> 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)			
<u> </u>			
Business Address:			
		Zip Code:	
		Contact Phone Number:	
Email Address:			
	•	apacity, add officer/ shareholder,	
etc.):			
Change to:			
I hereby certify under the pai	ins and penalties of p	erjury that the above is true	
I hereby certify under the pai and accurate information. Signature:	ins and penalties of p	erjury that the above is true	
I hereby certify under the pair	ins and penalties of p	erjury that the above is true	
I hereby certify under the pair and accurate information. Signature:	ins and penalties of p	erjury that the above is true - -	
I hereby certify under the parand accurate information. Signature: Print Name: Title as it relates to business: Dated:	ins and penalties of p	erjury that the above is true - - -	
I hereby certify under the parand accurate information. Signature: Print Name: Title as it relates to business: Dated:	ins and penalties of p	erjury that the above is true - - -	



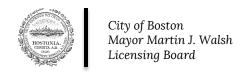
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Criminal Record Information Form (Revised 8/2020)

Name:				
Alias(es), if any:				
Home Address:				
City:	State:	Zip Code:		
Occupation:				
Birthplace:	Date of Bi	Date of Birth:		
Father's Name:	Mother's N	Mother's Name:		
Spouse's Name:				
Name of Corporation/Licensee/B	usiness:			
Address of Corporation/Licensee,	/Business:			
City:	State:	Zip Code:		
speeding, minor traffic violations, a disposed of ten or more years prior	and affray or disturband to the filing of this app	t limited to, drunkenness, simple assauce of the peace, and such offenses were plication, you may be considered to hant information as to your criminal reco	e ve	
I, (print your name)requesting)		or a (print type of license you are in the City	of	
Boston, hereby state I have not been	convicted for violation	of a State or Federal narcotic law.		
		state that I have no record of criminal		
	Court except those as list	ted as below:		
I, (print your name)	, do hereby :	state that I have no pending criminal ourt except as those listed below:		

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



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Executive Secretary:
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Personal Information Form (Revised 8/2020)

Section 1- Licensee Information					
Name of licensee/business:					
Doing Business As (d/b/a, if different	from above):				
Business Address:					
City:	State:	Zip Code:			
Business Phone No.:		Business Fax No.:			
Business Email Address:					
Section 2 - Personal Information:					
Name:	Soci	al Security No.:			
Date of Birth:					
Home Address:					
City:	State:	Zip Code:			
Place of Current employment:					
Employment History for last 10 year	s (dates, positio	ons, employer, address):			
Title as it relates to the business/lice	nsee:				
Describe your interest in this busine					
I hereby certify under the pains and information.	d penalties tha	at the above is true and accur	ate		
Signature:					
Print Name:					
Datad:					