

CORPORATE VOTE

The Board of Directors or LLC Managers of
Entity Name

duly voted to apply to the Licensing Authority of and the
City/Town

Commonwealth of Massachusetts Alcoholic Beverages Control Commission on
Date of Meeting

For the following transactions (Check all that apply):

- New License
- Change of Location
- Change of Class (i.e. Annual / Seasonal)
- Change Corporate Structure (i.e. Corp / LLC)
- Transfer of License
- Alteration of Licensed Premises
- Change of License Type (i.e. club / restaurant)
- Pledge of Collateral (i.e. License/Stock)
- Change of Manager
- Change Corporate Name
- Change of Category (i.e. All Alcohol/Wine, Malt)
- Management/Operating Agreement
- Change of Officers/
Directors/LLC Managers
- Change of Ownership Interest
(LLC Members/ LLP Partners,
Trustees)
- Issuance/Transfer of Stock/New Stockholder
- Change of Hours
- Other
- Change of DBA

“VOTED: To authorize
Name of Person

to sign the application submitted and to execute on the Entity's behalf, any necessary papers and do all things required to have the application granted.”

“VOTED: To appoint
Name of Liquor License Manager

as its manager of record, and hereby grant him or her with full authority and control of the premises described in the license and authority and control of the conduct of all business therein as the licensee itself could in any way have and exercise if it were a natural person residing in the Commonwealth of Massachusetts.”

A true copy attest,

For Corporations ONLY

A true copy attest,

Corporate Officer /LLC Manager Signature

Corporation Clerk's Signature

(Print Name)

(Print Name)



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: _____ **Contact Phone 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: _____

For the Board's official use only.

GRANTED: _____

DENIED: _____

Remarks/Conditions: _____
