



City of Boston  
Licensing & Consumer Affairs

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 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 Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

License Number: LB - \_\_\_\_\_ Contact Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

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: \_\_\_\_\_

Print Name: \_\_\_\_\_

Title as it relates to business: \_\_\_\_\_

Dated: \_\_\_\_\_

**For the Board's official use only**

Granted: \_\_\_\_\_ Denied: \_\_\_\_\_

Remarks/Conditions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



City of Boston  
Mayor Martin J. Walsh  
Licensing Board

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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: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Place of Current employment: \_\_\_\_\_

Employment History for last 10 years (dates, positions, employer, address): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Title as it relates to the business/licensee: \_\_\_\_\_

Describe your interest in this business/licensee: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**I hereby certify under the pains and penalties that the above is true and accurate information.**

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Dated: \_\_\_\_\_