



City of Boston  
Boston Cannabis Board

Commissioners:  
Kathleen M. Joyce, Chair  
Lisa Holmes  
Darlene Lombos  
John Smith

### Request for Change(s) to License

Please complete this form when requesting a change to a license that has been granted or issued a license for a cannabis establishment. Please complete this form only when requesting changes to the operating hours, conditions placed on the license (e.g.: hours of operations, allowing delivery of cannabis products to consumers), capacity, alteration of premise etc. Please submit this application via email to [cannabisboard@boston.gov](mailto:cannabisboard@boston.gov). At the discretion of the Board some requests may require a community process with the Mayor’s Office of Neighborhood Services and the District City Councilor. Please note, this form should NOT be used for applications for changes in beneficial interests or transfers of ownership interest. Please contact [cannabisboard@boston.gov](mailto:cannabisboard@boston.gov) or (617) 635-2330 with any questions.

Applicant (Corporation): \_\_\_\_\_

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

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

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

**Type of Change(s) Requested:** (i.e. manager (fill out personal form attached), hours, capacity, Alteration of premise, 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: \_\_\_\_\_

**Personal Information Form**

**Section 1- Licensee Information**

Name of licensee/business: \_\_\_\_\_

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

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

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

**Section 2 – Personal Information:**

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

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

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

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

Cell Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Employment History for last 5 years (dates, positions, employer, address): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

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\_\_\_\_\_

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: \_\_\_\_\_

