

Commissioners:

Kathleen M. Joyce, Chairman
Keeana S. Saxon
Liam P. Curran

Executive Secretary: Daniel R. Green

EMERGENCY CONTACT INFORMATION FORM

Each licensee must complete and submit this form. Please note the application will not be accepted without this form completed in its entirety. Each Licensee must provide emergency contact information for an individual with control over the licensed premise. This information will be utilized by the Licensing Board for the City of Boston (the "Board") and the Boston Police Department in the event of an incident at the licensed premise.

NOTE: THE PHONE NUMBER FOR THE LICENSED PREMISE CAN NOT BE USED AS THE EMERGENCY CONTACT INFORMATION. A CELLULAR PHONE NUMBER FOR AN INDIVIDUAL WITH CONTROL OVER THE LICENSED PREMISE MUST BE PROVIDED.

NAME OF LICENSEE:	
DOING BUSINESS AS:	
ADDRESS OF LICENSEE:	
EMERGENCY CONTACT:	
POSITION OF EMERGENCY CONTACT:	
ADDRESS OF EMERGENCY CONTACT:	
HOME PHONE OF EMERGENCY CONTACT:	
CELL PHONE OF EMERGENCY CONTACT:	
EMAIL OF EMERGENCY CONTACT:	
DOES THE LICENSED PREMISE HAVE SECURITY CAMERAS?	YES, How many?
	□ NO