City of Boston
Boston Cannabis Board

Commissioners:
Ava C. Concepcion, Chair
Lisa Holmes
John Smith
Ramon Soto
Sonal Gandhi
Jack Kenslea

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. 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 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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_____

_____

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: _____