



City of Boston  
 Mayor Martin J. Walsh  
 Licensing Board

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: \_\_\_\_\_



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**Criminal Record Information Form (Revised 8/2020)**

Name: \_\_\_\_\_  
 Alias(es), if any: \_\_\_\_\_  
 Home Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Occupation: \_\_\_\_\_  
 Birthplace: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_  
 Spouse's Name: \_\_\_\_\_  
 Name of Corporation/Licensee/Business: \_\_\_\_\_  
 Address of Corporation/Licensee/Business: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

***If you have any record of misdemeanors including, but not limited to, drunkenness, simple assault, speeding, minor traffic violations, and affray or disturbance of the peace, and such offenses were disposed of ten or more years prior to the filing of this application, you may be considered to have "No Record" for the purposes of furnishing this department information as to your criminal record.***

I, (print your name) \_\_\_\_\_, applicant for a (print type of license you are requesting) \_\_\_\_\_ in the City of Boston, hereby state I have not been convicted for violation of a State or Federal narcotic law.

I, (print your name) \_\_\_\_\_, do hereby state that I have no record of criminal convictions in any State or Federal Court except those as listed as below: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

I, (print your name) \_\_\_\_\_, do hereby state that I have no pending criminal charges for any criminal violations in any State or Federal Court except as those listed below: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Signed and subscribed to under the pains and penalties of perjury this \_\_\_\_\_ day of (month) \_\_\_\_\_, (year) \_\_\_\_\_.**

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

**\*\* Any statements contained herein found to be untrue shall be cause for the cancellation and/or revocation of any Licensee granted to the applicant or Corporation in which he/she is a principal or agent.**



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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: \_\_\_\_\_