



City of Boston
Licensing & Consumer Affairs

Commissioners:
Kathleen M. Joyce, Chairman
Keeana S. Saxon
Liam P. Curran
Executive Secretary:
Daniel Green

Request for Changes to License / Corporation (Revised 3/2022)

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: _____



Criminal Record Information Form (Revised 3/2022)

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.**



Personal Information Form (Revised 3/2022)

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: _____