

* Delete the inapplicable words.

**Please provide the name and residential address of the assistant clerk if he/she is executing this certificate of change.

**FORM A
LICENSEE PERSONAL INFORMATION SHEET**

THIS FORM MUST BE COMPLETED FOR EACH:

- A. NEW LICENSE APPLICANT**
- B. APPOINTMENT OR CHANGE OF MANAGER IN A CORPORATION**
- C. TRANSFER OF LICENSE (RETAIL ONLY-SEC.12 & SEC.15)**

(Please check which transaction is the subject of an application accompanying this Form A.)

PLEASE TYPE OR PRINT ALL INFORMATION

ALL QUESTIONS MUST BE ANSWERED AND TELEPHONE NUMBERS PROVIDED OR APPLICATION WILL NOT BE ACCEPTED

1. LICENSEE NAME: _____
(NAME AS IT WILL APPEAR ON THE LICENSE)

2. NAME OF (PROPOSED) MANAGER: _____

3. SOCIAL SECURITY NUMBER: _____

4. HOME (STREET) ADDRESS: _____

5. AREA CODE AND TELEPHONE NUMBER (S): (give both, your home telephone and a number at which you can be reached during the day).

DAY TIME# _____ HOME# _____

6. PLACE OF BIRTH: _____ 7. DATE OF BIRTH _____

8. REGISTERED VOTER: _____ YES _____ NO 8a. Where? _____

9. ARE YOU A U.S. CITIZEN: _____ YES _____ NO

10. COURT AND DATE OF NATURALIZATION: _____
(Submit proof of citizenship and/or naturalization such as Voter's Certificate, Birth Certificate or Naturalization Papers)

11. FATHER'S NAME: _____ 12. MOTHER'S MAIDEN NAME: _____

13. IDENTIFY YOUR CRIMINAL RECORD, IF ANY (Massachusetts, Military, any other State or Federal):

14. ANY OTHER ARREST OR APPEARANCE IN CRIMINAL COURT CHARGED WITH A CRIMINAL OFFENSE REGARDLESS OF FINAL DISPOSITION:

_____ YES _____ NO **(MUST CHECK EITHER YES OR NO)**

15. PRIOR EXPERIENCE IN THE LIQUOR INDUSTRY: _____ YES _____ NO
IF YES, PLEASE DESCRIBE:

16. FINANCIAL INTEREST, DEIRECT OR INDIRECT, IN ANY OTHER LIQUUOR LICENSE, PERMIT OR CERTIFICATE: _____ YES _____ NO
IF YES, PLEASE DESCRIBE:

17. EMPLOYMENT FOR THE LAST TEN YEARS (Dates, Position, Employer, Address, Telephone Numbers):

18. HOURS PER WEEK TO BE SPENT ON THE LICENSED PREMISES: _____

18.I HEARBY SWEAR THAT UNDER THE PAINS AND PENALTIES OF PERJURY THAT THE INFORMATION I HAVE GIVEN IN THIS APPLICATION IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

BY: _____ PROPOSED
MANAGER SIGNATURE DATE