



AMENDMENT APPLICATION FOR A CHANGE OF ASSISTANT MANAGER

The following documentation is required:

- Application for Liquor License**
- Amendment Application for Change of Manager**
- CORI Authorization Form**
Must be notarized with a stamp
- Vote of the Corporate Board**
A corporate vote appointing the Assistant Manager of record, signed by an authorized signatory for the proposed licensed entity
- Proof of Citizenship for proposed Assistant Manager of record:**
Passport, US Birth Certificate, Naturalization Papers, Voter Registration
- Driver's License**
- Alcohol Server Certificate (from classroom training) or Framingham Alcohol Server ID**



Town of Framingham

Selectmen's Office

License Administration Office

150 Concord Street – Memorial Building – Room 121 - Framingham, MA 01702-8325

Telephone: 508-532-5402 FAX 508-532-5409

Diane Willoughby, License Administrator drw@framinghamma.gov

LIQUOR LICENSE APPLICATION

Application Fee (New or Transfer Application) \$500 – Change of Manager/Asst. Manager \$100

Type of Liquor Application: ALL ALCOHOL LICENSE (POURING) \$3,000. Existing Common Victualer's License MALT AND WINE LICENSE (POURING) \$1,750. Yes License # No ALL ALCOHOL LICENSE (RETAIL) \$2,100. MALT AND WINE LICENSE (RETAIL) \$1,300. DATE:

New Application Transfer Renewal Other Specify

Name of Applicant:

Home Address:

Home Phone #:

Social Security #: FAX or Federal ID#: E-Mail

Business Name:

DBA:

Business Address:

Business Phone #:

Name & Location of Proposed Establishment: FAX E-Mail

Days and Hours of Operation:

Manager: Assistant Manager

Property Owner:

Copy of Floor Plan Copy of Site Plan Maximum Seating # Maximum Occupancy #

Town of Framingham – Policy on Alcohol Licenses: Section I, Para. 2.& 3. All employees serving the public are required to have successfully completed an alcoholic beverage training program.

Manager and Assistant Manager are Alcohol Server Trained Yes No & Registered with the Framingham Police Department Yes No

All Employees must be Alcohol Server Trained & Registered with the Framingham Police Department prior to serving alcohol.

NO BUSINESS MAY OPERATE WITHOUT A VALID LICENSE ON THE PREMISES

I, the undersigned, state that the information provided in this application, and associated attachments, is true and accurate to the best of my knowledge. Furthermore, I certify under the penalties of perjury, that all taxes, fees, and fines owed have been paid: The applicant agrees to conform to the Statues, By-Laws and to the satisfaction of the Board of Selectmen.

Applicant's Signature



The Commonwealth of Massachusetts
 Alcoholic Beverages Control Commission
 239 Causeway Street
 Boston, MA 02114
www.mass.gov/abcc

AMENDMENT APPLICATION FOR A CHANGE OF ASSISTANT MANAGER

Please complete this entire application, leaving no fields blank. If field does not apply to your situation, please write N/A.

1. NAME OF LICENSEE (Business Contact)

ABCC License Number City/Town of Licensee

2. APPLICATION CONTACT

The application contact is required and is the person who will be contacted with any questions regarding this application.

First Name: Middle: Last Name:

Title: Primary Phone:

Email:

3. BUSINESS CONTACT

Please complete this section **ONLY** if there are changes to the Licensee phone number, business address (corporate headquarters), or mailing address.

Entity Name:

Primary Phone: Fax Number:

Alternative Phone: Email:

Business Address (Corporate Headquarters)

Street Number: Street Name:

City/Town: State:

Zip Code: Country:

Mailing Address

Check here if your Mailing Address is the same as your Business Address

Street Number: Street Name:

City/Town: State:

Zip Code: Country:

APPLICATION FOR A CHANGE OF ASSISTANT MANAGER

4. ASSISTANT MANAGER CONTACT

The Manager Contact is required and is the individual who will have day-to-day, operational control over the liquor license.

Salutation First Name Middle Name Last Name Suffix

Social Security Number Date of Birth

Primary Phone: Email:

Mobile Phone: Place of Employment

Alternative Phone: Fax Number

Citizenship / Residency / Background Information of Proposed Assistant Manager

<p>Are you a U.S. Citizen? <input type="radio"/> Yes <input type="radio"/> No</p> <p>Have you ever been convicted of a state, federal, or military crime? <input type="radio"/> Yes <input type="radio"/> No <i>If yes, attach an affidavit that lists your convictions with an explanation for each</i></p> <p>Have you ever been Manager of Record of a license to sell alcoholic beverages? <input type="radio"/> Yes <input type="radio"/> No</p> <p>If yes, please list the licenses for which you are the <u>current</u> or <u>proposed</u> manager: <input type="text"/></p>	<p>Do you have direct, indirect, or financial interest in this license? <input type="radio"/> Yes <input type="radio"/> No</p> <p>If yes, percentage of interest <input type="text"/></p> <p>If yes, please indicate type of Interest (check all that apply):</p> <table border="0"> <tr> <td><input type="checkbox"/> Officer</td> <td><input type="checkbox"/> Sole Proprietor</td> </tr> <tr> <td><input type="checkbox"/> Stockholder</td> <td><input type="checkbox"/> LLC Manager</td> </tr> <tr> <td><input type="checkbox"/> LLC Member</td> <td><input type="checkbox"/> Director</td> </tr> <tr> <td><input type="checkbox"/> Partner</td> <td><input type="checkbox"/> Landlord</td> </tr> <tr> <td><input type="checkbox"/> Contractual</td> <td><input type="checkbox"/> Revenue Sharing</td> </tr> <tr> <td><input type="checkbox"/> Management Agreement</td> <td><input type="checkbox"/> Other</td> </tr> </table>	<input type="checkbox"/> Officer	<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Stockholder	<input type="checkbox"/> LLC Manager	<input type="checkbox"/> LLC Member	<input type="checkbox"/> Director	<input type="checkbox"/> Partner	<input type="checkbox"/> Landlord	<input type="checkbox"/> Contractual	<input type="checkbox"/> Revenue Sharing	<input type="checkbox"/> Management Agreement	<input type="checkbox"/> Other
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<input type="checkbox"/> Contractual	<input type="checkbox"/> Revenue Sharing												
<input type="checkbox"/> Management Agreement	<input type="checkbox"/> Other												

Please indicate how many hours per week you intend to be on the licensed premises

Employment Information of Proposed Assistant Manager

Please provide your employment history for the *past 10 years*

Date(s)	Position	Employer	Address	Phone

Prior Disciplinary Action of Proposed Assistant Manager

Have you ever been involved directly or indirectly in an alcoholic beverages license that was subject to disciplinary action? If yes, please complete the following:

Date of Action	Name of License	State	City	Reason for suspension, revocation or cancellation

ADDITIONAL SPACE

The following space is for any additional information you wish to supply or to clarify an answer you supplied in the application.

If referencing the application, please be sure to include the number of the question to which you are referring.

APPLICANT'S STATEMENT

I, the: sole proprietor; partner; corporate principal; LLC/LLP member
Authorized Signatory

of , hereby submit this application for
Name of the Entity/Corporation Transaction(s) you are applying for

(hereinafter the "Application"), to the local licensing authority (the "LLA") and the Alcoholic Beverages Control Commission (the "ABCC" and together with the LLA collectively the "Licensing Authorities") for approval.

I do hereby declare under the pains and penalties of perjury that I have personal knowledge of the information submitted in the Application, and as such affirm that all statement and representations therein are true to the best of my knowledge and belief. I further submit the following to be true and accurate:

- (1) I understand that each representation in this Application is material to the Licensing Authorities' decision on the Application and that the Licensing Authorities will rely on each and every answer in the Application and accompanying documents in reaching its decision;
- (2) I state that the location and description of the proposed licensed premises does not violate any requirement of the ABCC or other state law or local ordinances;
- (3) I understand that while the Application is pending, I must notify the Licensing Authorities of any change in the information submitted therein. I understand that failure to give such notice to the Licensing Authorities may result in disapproval of the Application;
- (4) I understand that upon approval of the Application, I must notify the Licensing Authorities of any change in the Application information as approved by the Licensing Authorities. I understand that failure to give such notice to the Licensing Authorities may result in sanctions including revocation of any license for which this Application is submitted;
- (5) I understand that the licensee will be bound by the statements and representations made in the Application, including, but not limited to the identity of persons with an ownership or financial interest in the license;
- (6) I understand that all statements and representations made become conditions of the license;
- (7) I understand that any physical alterations to or changes to the size of, the area used for the sale, delivery, storage, or consumption of alcoholic beverages, must be reported to the Licensing Authorities and may require the prior approval of the Licensing Authorities;
- (8) I understand that the licensee's failure to operate the licensed premises in accordance with the statements and representations made in the Application may result in sanctions, including the revocation of any license for which the Application was submitted; and
- (9) I understand that any false statement or misrepresentation will constitute cause for disapproval of the Application or sanctions including revocation of any license for which this Application is submitted.

Signature:

Date:

Title:



**Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street, First Floor
Boston, MA 02114**

**DEBORAH B. GOLDBERG
TREASURER AND RECEIVER GENERAL**

**KIM S. GAINSBORO, ESQ.
CHAIRMAN**

CORI REQUEST FORM

The Alcoholic Beverages Control Commission has been certified by the Criminal History Systems Board to access conviction and pending Criminal Offender Record Information. For the purpose of approving each shareholder, owner, licensee or applicant for an alcoholic beverages license, I understand that a criminal record check will be conducted on me, pursuant to the above. The information below is correct to the best of my knowledge.

ABCC LICENSE INFORMATION

ABCC NUMBER: <small>(IF EXISTING LICENSEE)</small>	<input type="text"/>	LICENSEE NAME:	<input type="text"/>	CITY/TOWN:	<input type="text"/>
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APPLICANT INFORMATION

LAST NAME:	<input type="text"/>	FIRST NAME:	<input type="text"/>	MIDDLE NAME:	<input type="text"/>
MAIDEN NAME OR ALIAS (IF APPLICABLE):	<input type="text"/>	PLACE OF BIRTH:	<input type="text"/>		
DATE OF BIRTH:	<input type="text"/>	SSN:	<input type="text"/>	ID THEFT INDEX PIN (IF APPLICABLE):	<input type="text"/>
MOTHER'S MAIDEN NAME:	<input type="text"/>	DRIVER'S LICENSE #:	<input type="text"/>	STATE LIC. ISSUED:	<input type="text" value="AL"/>
GENDER:	<input type="text" value="M"/> <input type="text" value="F"/>	HEIGHT:	<input type="text" value="5"/> <input type="text" value="10"/>	WEIGHT:	<input type="text"/>
EYE COLOR:	<input type="text"/>				
CURRENT ADDRESS:	<input type="text"/>				
CITY/TOWN:	<input type="text"/>	STATE:	<input type="text"/>	ZIP:	<input type="text"/>
FORMER ADDRESS:	<input type="text"/>				
CITY/TOWN:	<input type="text"/>	STATE:	<input type="text"/>	ZIP:	<input type="text"/>

PRINT AND SIGN

PRINTED NAME:	<input type="text"/>	APPLICANT/EMPLOYEE SIGNATURE:	<input type="text"/>
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NOTARY INFORMATION

On this before me, the undersigned notary public, personally appeared

(name of document signer), proved to me through satisfactory evidence of identification, which were

to be the person whose name is signed on the preceding or attached document, and acknowledged to me that (he) (she) signed it voluntarily for its stated purpose.

NOTARY

DIVISION USE ONLY

REQUESTED BY:	<input type="text"/>
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SIGNATURE OF CORI-AUTHORIZED EMPLOYEE

The DCJI Identify Theft Index PIN Number is to be completed by those applicants that have been issued an Identity Theft PIN Number by the DCJI. Certified agencies are required to provide all applicants the opportunity to include this information to ensure the accuracy of the CORI request process. ALL CORI request forms that include this field are required to be submitted to the DCJI via mail or by fax to (617) 660-4614.