



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**



License Administration

150 Concord Street – Memorial Building – Room 203, Framingham, MA 01702-8325
Telephone: 508-532-5402 FAX: 508-532-5769
Diane Willoughby, License Administrator drw@framinghamma.gov

APPLICATION FOR NEW OR AMENDED LIQUOR LICENSE

Application Fee: New or Transfer- \$500 Amendment - \$100 Hearing Ad Fee, if applicable - \$125

Table with 3 columns: Type of Liquor Application, License Fee, and Existing Common Victualer's License. Rows include ALL ALCOHOL RESTAURANT LICENSE (POURING), MALT AND WINE RESTAURANT LICENSE (POURING), MALT AND WINE LICENSE GENERAL (POURING), FARMER SERIES (POURING), ALL ALCOHOL LICENSE (RETAIL), and MALT AND WINE LICENSE (RETAIL).

DATE: _____

New Application _____ Transfer _____ Renewal _____ Other _____

Specify

Name of Applicant: _____

Home Address: _____

Home Phone #: _____

Federal ID#: _____ FAX if none, Social Security #: _____ 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 # _____

City 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. Special identification cards shall be required for persons who are employed in the direct sale and service of alcoholic beverages. These will be issued through the Framingham Police Department.

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 Statutes, By-Laws and to the satisfaction of the Board of License Commissioners.

Applicant's Signature



APPLICATION FOR 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 ASSISTANT MANAGER

4. ASSISTANT MANAGER CONTACT

Asst. Mgr. Contact is req'd & is individual who will have day-to-day, operational control over the liquor license in Mgr's absence.

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

Are you a U.S. Citizen? Yes No

Have you ever been convicted of a state, federal, or military crime? Yes No

If yes, attach an affidavit that lists your convictions with an explanation for each

Have you ever been Manager of Record of a license to sell alcoholic beverages? Yes No

If yes, please list the licenses for which you are the current or proposed manager:

Do you have direct, indirect, or financial interest in this license? Yes No

If yes, percentage of interest

If yes, please indicate type of Interest (check all that apply):

- | | |
|---|--|
| <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 |

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:



Framingham Police Department

1 William Welch Way • Framingham, MA 01702 • www.framinghampd.org • (508) 872-1212



RECORD OF INSPECTION COPYING OF CRIMINAL OFFENDER RECORD INFORMATION

This information is for **FRAMINGHAM, MA ONLY** and does not include any other jurisdictions.

IDENTITY OF PERSON INSPECTING AND/OR COPYING CORI

Name:

Last	First	Middle	(Maiden)
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Date of Birth:

Place of Birth:

Current
Address:

City, State

Zip Code:

Telephone:

How long at Current Address:

FRAMINGHAM

Address:

How long lived in
FRAMINGHAM:

Signature:

Date

This information has been approved by the Criminal Justice History Systems Board pursuant to M.G.L c.6 Sec. 167-168 and Regulation 3.7.