



## 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



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](mailto:drw@framinghamma.gov)

LIQUOR LICENSE APPLICATION

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

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

New Application \_\_\_\_\_ Transfer \_\_\_\_\_ Renewal \_\_\_\_\_ Other \_\_\_\_\_ Specify

Name of Applicant: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone #: \_\_\_\_\_

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

Business Name: \_\_\_\_\_

DBA: \_\_\_\_\_

Business Address: \_\_\_\_\_

Business Phone #: \_\_\_\_\_ FAX \_\_\_\_\_ E-Mail \_\_\_\_\_

Name & Location of Proposed Establishment: \_\_\_\_\_

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](http://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 NEW RETAIL ALCOHOLIC BEVERAGES LICENSE**

**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  <small>If yes, attach an affidavit that lists your convictions with an explanation for each</small></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 style="width: 200px; height: 50px;" 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 style="width: 100px;" 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**

<b>ABCC NUMBER:</b> <small>(IF EXISTING LICENSEE)</small>	<input style="width:95%;" type="text"/>	<b>LICENSEE NAME:</b>	<input style="width:95%;" type="text"/>	<b>CITY/TOWN:</b>	<input style="width:95%;" type="text"/>
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**APPLICANT INFORMATION**

LAST NAME: <input style="width:95%;" type="text"/>	FIRST NAME: <input style="width:95%;" type="text"/>	MIDDLE NAME: <input style="width:95%;" type="text"/>
MAIDEN NAME OR ALIAS (IF APPLICABLE): <input style="width:95%;" type="text"/>	PLACE OF BIRTH: <input style="width:95%;" type="text"/>	
DATE OF BIRTH: <input style="width:95%;" type="text"/>	SSN: <input style="width:95%;" type="text"/>	ID THEFT INDEX PIN (IF APPLICABLE): <input style="width:95%;" type="text"/>
MOTHER'S MAIDEN NAME: <input style="width:95%;" type="text"/>	DRIVER'S LICENSE #: <input style="width:95%;" type="text"/>	STATE LIC. ISSUED: <input style="width:95%; text-align:center; border: none;" type="text" value="AL"/>
GENDER: <input style="width:15%; border: none;" type="text"/> <input style="width:15%; border: none;" type="text"/>	HEIGHT: <input style="width:15%; border: none;" type="text"/> <input style="width:15%; border: none;" type="text"/>	WEIGHT: <input style="width:15%; border: none;" type="text"/> <input style="width:15%; border: none;" type="text"/>
EYE COLOR: <input style="width:95%;" type="text"/>		
CURRENT ADDRESS: <input style="width:95%;" type="text"/>		
CITY/TOWN: <input style="width:95%;" type="text"/>	STATE: <input style="width:95%;" type="text"/>	ZIP: <input style="width:95%;" type="text"/>
FORMER ADDRESS: <input style="width:95%;" type="text"/>		
CITY/TOWN: <input style="width:95%;" type="text"/>	STATE: <input style="width:95%;" type="text"/>	ZIP: <input style="width:95%;" type="text"/>

**PRINT AND SIGN**

PRINTED NAME: <input style="width:95%;" type="text"/>	APPLICANT/EMPLOYEE SIGNATURE: <input style="width:95%;" type="text"/>
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**NOTARY INFORMATION**

On this <input style="width:95%;" type="text"/>	before me, the undersigned notary public, personally appeared <input style="width:95%;" type="text"/>	
(name of document signer), proved to me through satisfactory evidence of identification, which were <input style="width:95%;" type="text"/>		
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.		
		<input style="width:95%;" type="text"/>
		NOTARY

**DIVISION USE ONLY**

REQUESTED BY: <input style="width:95%;" type="text"/>	<small>SIGNATURE OF CORI-AUTHORIZED EMPLOYEE</small>
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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.