

* 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 number 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

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:
