The Commonwealth of Massachusetts

**ALCOHOLIC BEVERAGES CONTROL COMMISSION**

# 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 (IF APPLICABLE): _____
(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, (Massachusetts, Military, any other State or Federal): 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**)

**IF YES**, PLEASE DESCRIBE OFFENSE (S) SPECIFIC CHARGE AND DISPOSITION (FINE, PENALTY, ETC.)

_____

_____

_____

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

_____

_____

_____

15. FINANCIAL INTEREST, DIRECT OR INDIRECT, IN THIS OR ANY OTHER LIQUOR LICENSE, PERMIT OR CERTIFICATE: _____ YES _____ NO

**IF YES**, PLEASE DESCRIBE:_____

_____

_____

16. EMPLOYMENT FOR THE LAST TEN YEARS (Dates, Position, Employer, Address and if known, Telephone Numbers):

_____

_____

_____

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

18. I HEREBY 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

F:\FILES\MAUREEN.1\MAUREEN\FORMS\FORMA.WPD
**9/99**