



*The Commonwealth of Massachusetts*  
*The Alcoholic Beverages Control Commission*  
*Leverett Saltonstall Building, Government Center*  
*100 Cambridge Street, Boston, MA 02202-0002*

Telephone: 617-727-3040  
 FAX: 617-727-1258

**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

9. ARE YOU A U.S. CITIZEN: \_\_\_\_\_ YES \_\_\_\_\_ NO

10. COURT AND DATE OF NATURALIZATION: \_\_\_\_\_  
(Submit proof of citizenship and/or naturalization).

11. FATHER'S NAME: \_\_\_\_\_ 12. MOTHER'S MAIDEN NAME: \_\_\_\_\_

13. IDENTIFY YOUR CRIMINAL RECORD, IF ANY:  
\_\_\_\_\_  
\_\_\_\_\_

14. DESCRIBE YOUR PRIOR EXPERIENCE IN THE LIQUOR INDUSTRY:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

15. DESCRIBE YOUR FINANCIAL INTEREST, DIRECT OR INDIRECT, IN ANY OTHER LIQUOR  
LICENSE, PERMIT OR CERTIFICATE:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

16. EMPLOYMENT FOR THE LAST TEN YEARS (Dates, Position, Employer, Address):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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: \_\_\_\_\_ DATE \_\_\_\_\_  
                    PROPOSED MANAGER SIGNATURE