

**ALTERNATE MANAGER
RECOMMENDED IN
TOWN LIQUOR LICENSE POLICIES**

(1) APPLICATION DOES NOT NEED TO BE FILLED OUT ON LINE WITH ABCC

(2) APPLICATIONS AVAILABLE IN THIS OFFICE (SEE ATTACHED)

a. Alternate Manager's Form with attachments

- i. Cori Release Form (see attached policies)
- ii. Fingerprinting (see attached information)
- iii. Three (3) signed letters of reference (Board of Directors)
- iv. Vote of Corporation
- v. Valid Identification (State driver's license, passport, etc)
- vi. IN-PERSON class for the safe service of alcohol certification
- vii. Proof of Citizenship (birth certificate/passport/naturalization papers/
voter registration).
- viii. Crowd Manager Certification from the Massachusetts Department of
Fire Services (Manager of Record – If there is a bar regardless of
number)

***Please submit hard copy to the Select Board's Office in person or by mail to:
333 Washington Street 6th Fl, Brookline, Ma 02445***

TOWN OF BROOKINE
ALTERNATE MANAGER'S APPLICATION

ALL PROPOSED MANAGERS ARE REQUIRES TO COMPLETE A PERSONAL INFORMATION FORM (ATTACHED) AND SUBMIT A COPY OF THE CORPORATION VOTE AUTHORIZING THIS ACTION AND ALTERNATE MANAGER.

1. LICENSEE INFORMATION:

Legal Name of Licensee: Business Name (dba):
Address:
City/Town: State: Zip:
ABCC License Number: Phone Number of Premises:
(if existing licensee)

2. MANAGER INFORMATION:

A. Name: B. Cell Phone Number:
C. List the number of hours per week you will spend on the licensed premises:

3. CITIZENSHIP INFORMATION:

A. Are you a U.S. Citizen: Yes No B. Date of Naturalization:
C. Court of Naturalization:

(Submit proof of citizenship and/or Naturalization such as Voter's Certificate, Birth Certificate or Naturalization Papers)

4. BACKGROUND INFORMATION:

A. Do you now, or have you ever, held any direct or indirect, beneficial or financial interest in a license to sell alcoholic beverages? Yes No
If yes, please describe:

B. Have you ever been the Manager of Record of a license to sell alcoholic beverages that Have been suspended, revoked or cancelled? Yes No
If yes, please describe:

C. have you ever been the Manager of record of a license that was issued by this Commission? Yes No
If yes, please describe:

D. Please list your employment for the past ten years (Date, Position, Employer, Address, and Telephone:

I hereby swear under the pains and penalties of perjury that the information I have provided in this application is true and accurate:

Signature Date



LICENSE INTERVIEW FORM

TYPE OF LICENSE APPLYING FOR: _____

NAME: _____

ADDRESS: _____

EMAIL ADDRESS: _____

PHONE #: _____

PLACE OF BIRTH: _____

FATHER'S NAME: _____ **MOTHER'S MAIDEN NAME:** _____

ARE YOU A CITIZEN? **YES** **NO** **ALIEN CARD #** _____

ARE YOU A VETERAN: **YES** **NO** _____

RESIDENCES FOR LAST FIVE YEARS

DATE: _____ **LOCATION:** _____

DATE: _____ **LOCATION:** _____

DATE: _____ **LOCATION:** _____

DATE: _____ **LOCATION:** _____

DATE: _____ **LOCATION:** _____

EDUCATION

DATE: _____ **LOCATION:** _____

DATE: _____ **LOCATION:** _____

DATE: _____ **LOCATION:** _____

DATE: _____ **LOCATION:** _____

EMPLOYMENT HISTORY

DATE: _____ **LOCATION:** _____ **POSITION** _____

DATE: _____ **LOCATION:** _____ **POSITION** _____

DATE: _____ **LOCATION:** _____ **POSITION** _____

DATE: _____ **LOCATION:** _____ **POSITION** _____

DATE: _____ **LOCATION:** _____ **POSITION** _____

SIGNATURE: _____ **DATE:** _____

(PLEASE SUBMIT THREE CHARACTER REFERENCES WITH APPLICATION)



VOTE OF CORPORATION

DATE: _____

AT A MEETING OF THE BOARD OF DIRECTORS OF _____

HELD AT: _____ ON: _____

IT WAS DULY VOTED THAT THE CORPORATION APPLY TO THE LICENSING BOARD FOR THE TOWN OF BROOKLINE FOR A

_____ (TYPE OF LICENSE)

FOR THE YEAR _____ TO BE EXERCISED ON THE PREMISES LOCATED AT

VOTED: TO AUTHORIZE _____ TO SIGN

THE APPLICATION FOR THE LICENSES IN THE NAME OF _____

_____ AND TO EXECUTE ON ITS BEHALF ANY NECESSARY PAPERS, AND TO DO ALL THINGS REQUIRED RELATIVE TO THE GRANTING OF THE LICENSE.

THIS CORPORATION HAS _____ BEEN DISSOLVED.

A TRUE COPY

ATTEST: _____

CLERK