



**OFFICE OF SELECT BOARD
333 WASHINGTON STREET
BROOKLINE, MA 02445
(617) 730-2200**

CHANGE OF MANAGER

(1) APPLICATION NEEDS TO BE FILLED OUT ON LINE WITH ABCC

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

a. ABCC Change of Manager's Forms with attachments

- i. Cori Release Form (see attached policies)
- ii. Fingerprinting (see attached information)
- iii. Three (3) 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

CHANGE OF 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 MANAGER.

1. LICENSEE INFORMATION:

Legal Name of Licensee: Business Name (dba):

Address:

City/Town: State: Zip:

ABCC License Number: Phone Number of Premises:

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



STATE TAX VERIFICATION FORM

I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid all state taxes as required under law.

*Signature of Individual

By: Corporate Officer

** Social Security #
Voluntary or Federal ID #

***This license will not be issued unless this certification clause is signed by the applicant.**

****Your social security number will be furnished to the Massachusetts Department of Revenue to determine whether you have met tax filing or tax payment obligations. Licensees who fail to correct their non-filing or delinquency will be subject to license suspension or revocation. This request is made under the authority of Massachusetts General Law Chapter 62C, Section 49A.**