



Application for Assistant Manager (Change or New License)

The following must be submitted for a complete application.

Application for Liquor License

\$100 Application Fee

If paying by check, make payable to the City of Framingham. If submitting as part of another application, i.e. new or transfer of liquor license, \$100 application fee covers both transactions.

Framingham CORI Authorization Form

Vote of the Corporate Board

A corporate vote appointing the Assistant Manager of Record, signed by an authorized signatory for the licensed or proposed licensed entity

Driver's License, Passport or another government-issued photo identification

Must include date of birth

Framingham Management ID

If not issued yet, proof of Board-approved alcohol server training. Framingham Management ID required prior to assuming duties of Assistant Manager of Record. Approved alcohol server training:

<https://www.framinghamma.gov/Faq.aspx?QID=344>



Licensing Department

150 Concord Street – Memorial Building – Room 203/Inspectional Services, Framingham, MA 01702-8325

Telephone: 508-532-5402 FAX: 508-532-5769
Diane Willoughby, Licensing Coordinator drw@framinghamma.gov

APPLICATION FOR NEW OR AMENDED LIQUOR LICENSE

Application Fee: New or Transfer- \$500 Amendment - \$100 Hearing Ad Fee, if legal notice required by ABCC \$125

Table with 3 columns: Type of Liquor Application, Annual License Fee, and Existing Common Victualer's License. Rows include All Alcohol Restaurant License, Malt and Wine Restaurant License, Malt and Wine License General, Farmer Series, All Alcohol License (Retail), and Malt and Wine License (Retail).

New Application Transfer Renewal Other Specify

Name of Applicant:

Home Address:

Home Phone #:

Federal ID#: FAX if none, Social Security #: E-Mail

Business Name:

DBA:

Business Address:

Business Phone #:

Name & Location of Proposed Establishment: FAX E-Mail

Days and Hours of Operation:

Manager: Assistant Manager

Property Owner:

Copy of Floor Plan Copy of Site Plan Maximum Seating # Maximum Occupancy #

City of Framingham – Policy on Alcohol Licenses: Section I, Para. 2.& 3. All employees serving the public are required to have successfully completed an alcoholic beverage training program.

Individuals Checking IDs and Serving Alcohol are Alcohol Server Trained? Manger & Assistant Manager are registered with the Framingham Police Department? Manger & Assistant Manager must be registered with the Framingham Police Department prior to assuming duties.

NO BUSINESS MAY OPERATE WITHOUT A VALID LICENSE ON THE PREMISES

I, the undersigned, state that the information provided in this application, and associated attachments, is true and accurate to the best of my knowledge. Furthermore, I certify under the penalties of perjury, that all taxes, fees, and fines owed have been paid: The applicant agrees to conform to the Statues, By-Laws and to the satisfaction of the Board of License Commissioners.

Applicant's Signature



City of Framingham

APPLICATION FOR ASSISTANT MANAGER OF LIQUOR LICENSE

APPLICATION FOR ASSISTANT MANAGER

Please complete this entire application, leaving no fields blank. If field does not apply to your situation, please write N/A.

1. NAME OF LICENSEE (Business Contact)

ABCC License Number **City/Town of Licensee**

2. APPLICATION CONTACT

The application contact is required and is the person who will be contacted with any questions regarding this application.

First Name: Middle: Last Name:

Title: Primary Phone:

Email:

3. BUSINESS CONTACT

Please complete this section ONLY if there are changes to the Licensee phone number, business address (corporate headquarters), or mailing address.

Entity Name:

Primary Phone: Fax Number:

Alternative Phone: Email:

Business Address (Corporate Headquarters)

Street Number: Street Name:

City/Town: State:

Zip Code: Country:

Mailing Address *Check here if your Mailing Address is the same as your Business Address*

Street Number: Street Name:

City/Town: State:

Zip Code: Country:

4. ASSISTANT MANAGER INFORMATION

Salutation First Name Middle Name Last Name Suffix

Social Security Number Date of Birth

Primary Phone: Email:

Mobile Phone: Place of Employment

Alternative Phone: Fax Number

Citizenship / Residency / Background Information of Proposed Assistant Manager

Are you a U.S. Citizen? Yes No

Have you ever been convicted of a state, federal, or military crime? Yes No

If yes, attach an affidavit that lists your convictions with an explanation for each

Have you ever been Manager of Record of a license to sell alcoholic beverages? Yes No

If yes, please list the licenses for which you are the current or proposed manager:

Do you have direct, indirect, or financial interest in this license? Yes No

If yes, percentage of interest

If yes, please indicate type of Interest (check all that apply):

- Officer Sole Proprietor
- Stockholder LLC Manager
- LLC Member Director
- Partner Landlord
- Contractual Revenue Sharing
- Management Agreement Other

Please indicate how many hours per week you intend to be on the licensed premises

Employment Information of Proposed Assistant Manager

Please provide your employment history for the *past 10 years*

Date(s)	Position	Employer	Address	Phone

Prior Disciplinary Action of Proposed Assistant Manager

Have you ever been involved directly or indirectly in an alcoholic beverages license that was subject to disciplinary action? If yes, please complete the following:

Date of Action	Name of License	State	City	Reason for suspension, revocation or cancellation

ADDITIONAL SPACE

The following space is for any additional information you wish to supply or to clarify an answer you supplied in the application.

If referencing the application, please be sure to include the number of the question to which you are referring.

APPLICANT'S STATEMENT

I, the: sole proprietor; partner; corporate principal; LLC/LLP member
Authorized Signatory

of , hereby submit this application for
Name of the Entity/Corporation Transaction(s) you are applying for

(hereinafter the "Application"), to the local licensing authority (the "LLA") and the Alcoholic Beverages Control Commission (the "ABCC" and together with the LLA collectively the "Licensing Authorities") for approval.

I do hereby declare under the pains and penalties of perjury that I have personal knowledge of the information submitted in the Application, and as such affirm that all statement and representations therein are true to the best of my knowledge and belief. I further submit the following to be true and accurate:

- (1) I understand that each representation in this Application is material to the Licensing Authorities' decision on the Application and that the Licensing Authorities will rely on each and every answer in the Application and accompanying documents in reaching its decision;
- (2) I state that the location and description of the proposed licensed premises does not violate any requirement of the ABCC or other state law or local ordinances;
- (3) I understand that while the Application is pending, I must notify the Licensing Authorities of any change in the information submitted therein. I understand that failure to give such notice to the Licensing Authorities may result in disapproval of the Application;
- (4) I understand that upon approval of the Application, I must notify the Licensing Authorities of any change in the Application information as approved by the Licensing Authorities. I understand that failure to give such notice to the Licensing Authorities may result in sanctions including revocation of any license for which this Application is submitted;
- (5) I understand that the licensee will be bound by the statements and representations made in the Application, including, but not limited to the identity of persons with an ownership or financial interest in the license;
- (6) I understand that all statements and representations made become conditions of the license;
- (7) I understand that any physical alterations to or changes to the size of, the area used for the sale, delivery, storage, or consumption of alcoholic beverages, must be reported to the Licensing Authorities and may require the prior approval of the Licensing Authorities;
- (8) I understand that the licensee's failure to operate the licensed premises in accordance with the statements and representations made in the Application may result in sanctions, including the revocation of any license for which the Application was submitted; and
- (9) I understand that any false statement or misrepresentation will constitute cause for disapproval of the Application or sanctions including revocation of any license for which this Application is submitted.

Signature:

Date:

Title:

CORPORATE VOTE

The Board of Directors or LLC Managers of
Entity Name

duly voted to apply to the Licensing Authority of
City/Town on

Date of Meeting

For the Change of Assistant Manager

“VOTED: To authorize
Name of Person

to sign the application submitted and to execute on the Entity's behalf, any necessary papers and do all things required to have the application granted.”

“VOTED: To appoint
Name of Liquor License Assistant Manager

A true copy attest,

For Corporations ONLY

A true copy attest,

Corporate Officer /LLC Manager Signature

Corporation Clerk's Signature

