



## APPLICATION FOR ASSISTANT MANAGER

The following is required 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 a 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 proposed licensed entity
  
- Driver's License, Passport or other government-issued photo identification**  
Must include date of birth.
  
- Framingham Alcohol Server ID**  
If not obtained yet, proof of classroom alcohol server training. Framingham Alcohol Server ID required prior to assuming duties of Assistant Manager of Record.



**License Administration**

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](mailto:drw@framinghamma.gov)

**APPLICATION FOR NEW OR AMENDED LIQUOR LICENSE**

**Application Fee: New or Transfer- \$500 Amendment - \$100 Hearing Ad Fee, if applicable - \$125**

Type of Liquor Application:		License Fee	
ALL ALCOHOL RESTAURANT LICENSE (POURING)	<input type="checkbox"/>	\$3,000.	Existing Common Victualer's License
MALT AND WINE RESTAURANT LICENSE (POURING)	<input type="checkbox"/>	\$1,750.	Yes <input type="checkbox"/> CV License # _____ No <input type="checkbox"/>
MALT AND WINE LICENSE GENERAL (POURING)	<input type="checkbox"/>	\$1,200.	
FARMER SERIES (POURING)	<input type="checkbox"/>	\$1,000.	
ALL ALCOHOL LICENSE (RETAIL)	<input type="checkbox"/>	\$2,100.	
MALT AND WINE LICENSE (RETAIL)	<input type="checkbox"/>	\$1,300.	

DATE: \_\_\_\_\_

New Application \_\_\_\_\_ Transfer \_\_\_\_\_ Renewal \_\_\_\_\_ Other \_\_\_\_\_

Specify

Name of Applicant: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone #: \_\_\_\_\_

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

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. Special identification cards shall be required for persons who are employed in the direct sale and service of alcoholic beverages. These will be issued through the Framingham Police Department.**

Manager and Assistant Manager are Alcohol Server Trained? \_\_\_Yes \_\_\_No

Registered with the Framingham Police Department? \_\_\_Yes \_\_\_No

All Employees must be Alcohol Server Trained & Registered with the Framingham Police Department prior to serving alcohol.

**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 Statutes, By-Laws and to the satisfaction of the Board of License Commissioners.

\_\_\_\_\_  
Applicant's Signature



**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:

**APPLICATION FOR ASSISTANT MANAGER**

**4. ASSISTANT MANAGER CONTACT**

The Manager Contact is required and is the individual who will have day-to-day, operational control over the liquor license.

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**

<p>Are you a U.S. Citizen? <input type="radio"/> Yes <input type="radio"/> No</p> <p>Have you ever been convicted of a state, federal, or military crime? <input type="radio"/> Yes <input type="radio"/> No  <small>If yes, attach an affidavit that lists your convictions with an explanation for each</small></p> <p>Have you ever been Manager of Record of a license to sell alcoholic beverages? <input type="radio"/> Yes <input type="radio"/> No</p> <p>If yes, please list the licenses for which you are the <u>current</u> or <u>proposed</u> manager: <input style="width:200px; height:50px;" type="text"/></p>	<p>Do you have direct, indirect, or financial interest in this license? <input type="radio"/> Yes <input type="radio"/> No</p> <p>If yes, percentage of interest <input style="width:100px;" type="text"/></p> <p>If yes, please indicate type of Interest (check all that apply):</p> <table border="0" style="width:100%"> <tr> <td><input type="checkbox"/> Officer</td> <td><input type="checkbox"/> Sole Proprietor</td> </tr> <tr> <td><input type="checkbox"/> Stockholder</td> <td><input type="checkbox"/> LLC Manager</td> </tr> <tr> <td><input type="checkbox"/> LLC Member</td> <td><input type="checkbox"/> Director</td> </tr> <tr> <td><input type="checkbox"/> Partner</td> <td><input type="checkbox"/> Landlord</td> </tr> <tr> <td><input type="checkbox"/> Contractual</td> <td><input type="checkbox"/> Revenue Sharing</td> </tr> <tr> <td><input type="checkbox"/> Management Agreement</td> <td><input type="checkbox"/> Other</td> </tr> </table>	<input type="checkbox"/> Officer	<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Stockholder	<input type="checkbox"/> LLC Manager	<input type="checkbox"/> LLC Member	<input type="checkbox"/> Director	<input type="checkbox"/> Partner	<input type="checkbox"/> Landlord	<input type="checkbox"/> Contractual	<input type="checkbox"/> Revenue Sharing	<input type="checkbox"/> Management Agreement	<input type="checkbox"/> Other
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<input type="checkbox"/> Contractual	<input type="checkbox"/> Revenue Sharing												
<input type="checkbox"/> Management Agreement	<input type="checkbox"/> 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  on  
City/Town

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



# Framingham Police Department

1 William Welch Way • Framingham, MA 01702 • www.framinghampd.org • (508) 872-1212



## RECORD OF INSPECTION COPYING OF CRIMINAL OFFENDER RECORD INFORMATION

This information is for **FRAMINGHAM, MA ONLY** and does not include any other jurisdictions.

### IDENTITY OF PERSON INSPECTING AND/OR COPYING CORI

Name:

\_\_\_\_\_

Last

\_\_\_\_\_

First

\_\_\_\_\_

Middle

\_\_\_\_\_

(Maiden)

Date of Birth: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

Current  
Address: \_\_\_\_\_

City, State \_\_\_\_\_

Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_

How long at Current Address: \_\_\_\_\_

**FRAMINGHAM**

Address: \_\_\_\_\_

How long lived in  
**FRAMINGHAM:** \_\_\_\_\_

Signature: \_\_\_\_\_

\_\_\_\_\_

Date

This information has been approved by the Criminal Justice History Systems Board pursuant to M.G.L c.6 Sec. 167-168 and Regulation 3.7.