The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

Personal Information Form

Each individual listed in Section 10 of this application and the proposed manager must complete this form.

1. Licensee Information:

Legal Name of Licensee: Business Name (d/b/a)

Address: ABCC License Number: (If existing licensee)

City/Town State Zip Code

Phone Number of Premise EIN of License:

2. Personal Information:

Individual Name Home Phone Number:

Address:

City/Town State Zip Code

Social Security Number Date of Birth

Place of Employment

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

If yes, attach an affidavit as to all charges and disposition.

3. Financial Interest:

Provide a detailed description of your direct or indirect, beneficial or financial interest in this license.

IMPORTANT ATTACHMENTS: For all cash contributions, attach last 3 months of bank statements for the source(s) of this cash.
If additional space is needed, please use the last page

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

Title (If Corporation/LLC Representative)

Additional Space

Please note which question you are using this space for.