



Liquor ID Card Application

Save time, go to mass.gov/RMV to apply online!

A. Service Type

Service Type: ☐ New ☐ Renewal ☐ Replacement

☐ Change of Information (Enter new information in applicable fields): ☐ Name ☐ Address ☐ DOB ☐ Gender ☐ Height ☐ Eye Color

B. Applicant Information (The Registry of Motor Vehicles will not provide email or phone number information to the public.)

Last Name	First Name	Middle Name	Suffix
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Date of Birth (MM/DD/YYYY)	Current Massachusetts Learner's Permit or Driver's License # (if applicable)	What is your Social Security Number?
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☐ Have you ever had a Massachusetts permit, license, ID, or vehicle registration? If yes provide the name it was under and the # (if known).

Residential Address (Where you actually reside)

Street	Apt. #	City	State	Zip Code
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Mailing Address ☐ (same as above)

Street	Apt. #	City	State	Zip Code
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Email	Phone Type <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	Phone #
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Emergency Contact Information: (optional)

Email	Name	Phone Type <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	Phone #
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C. Required Demographic Information

Gender <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> X	Eye Color <input type="checkbox"/> Black <input type="checkbox"/> Brown <input type="checkbox"/> Gray <input type="checkbox"/> Hazel <input type="checkbox"/> Pink <input type="checkbox"/> Blue <input type="checkbox"/> Dichromatic <input type="checkbox"/> Green <input type="checkbox"/> Maroon <input type="checkbox"/> Unknown	Height (feet, inches)
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Register me (or keep me registered) as an Organ and Tissue Donor: ☐ Yes ☐ No For more information on organ and tissue donation, visit: NEDS.org.

Would you like to donate \$2 to the Organ and Tissue Donor Registration Fund?
(to be answered for renewal and replacement transactions only) ☐ Yes ☐ No

Military Status (documentation is required if checked – visit mass.gov/rmv for acceptable documents)

<input type="checkbox"/> Are you an active duty member? <input type="checkbox"/> Are you a veteran?	<input type="checkbox"/> If you are a veteran of the U.S. Armed Forces, do you want the word "VETERAN" printed on your ID?	What military branch?
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D. Certification and Signature of Applicant (application not complete without signature)

I have reviewed this completed **Application Form** and hereby apply for a Liquor ID card and swear (affirm), under the penalties of perjury, that the information I have provided is true and correct.

I am aware that false statements are punishable by fine, imprisonment, or both under M.G.L. Chapter 90, Section 24B.

Signature: _____ Date: _____

The Registrar reserves the right to cancel, revoke, or recall, any permit, license, or ID card if it is determined that the applicant was not qualified for such permit, license, or ID card.

Official Notice:

Massachusetts law requires persons convicted as a sex offender to register with their local police departments. For information, call 1-800-93MEGAN or visit <https://www.mass.gov/orgs/sex-offender-registry-board>



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