



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

Manager Application

All proposed managers are required to complete a Personal Information Form, and attach a copy of the corporate vote authorizing this action and appointing a manager.

Legal Name of Licensee: Business Name (d/b/a):
Address of Premises:
ABCC License Number: Phone Number of Premises:
(If existing licensee)

Manager Information:

Name: Cell Phone Number:

Are you a U.S. Citizen: Yes ☐ No ☐ Court and Date of Naturalization:
(Submit proof of citizenship and/or naturalization such as Voter's Certificate, Birth Certificate or Naturalization Papers)

List the number of hours per week you will spend on the licensed premises:

Have you ever been charged or convicted of a state, federal or military crime? Yes ☐ No ☐
If yes, attach an affidavit as to all charges and disposition.

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:

If additional space is needed, please click here

Have you ever been the Manager of Record of a license to sell alcoholic beverages that has been suspended, revoked or cancelled? Yes ☐ No ☐ If yes, please describe:

If additional space is needed, please click here

Please list your employment for the past ten years (Dates, Position, Employer, Address and Telephone):

If additional space is needed, please click here

I herby swear under the pains and penalties of perjury that the information I have provided in this application is true and accurate:

Signature: Date: