



Licensing Board for the City of Boston

One City Hall Square, Room 809, Boston, Massachusetts 02201

Telephone: (617) 635-4170 | Facsimile: (617) 635-4742 Email: LicensingBoard@boston.gov

Request for Changes to License (Non-Alcohol Related Licenses)

(Revised 10/2024)

Instructions: Please complete this form when requesting any type of change to an existing Billiard, Bowling Alley, Common Victualler, Fortune Teller, Innholder (no alcohol), or Dorm/Lodging House License. Submit this form on our online portal: <https://bit.ly/blbapp2>

1. Business Name: _____

2. License Number: LB - _____

3. Doing Business As (d/b/a): _____

4. **License Type:**

Billiard / Pool

Fortune Teller

Bowling Alley

Innholder (no alcohol)

Common Victualler (no alcohol)

Dorm/Lodging House

5. Business Address: _____

6. City: _____ State: _____ Zip Code: _____

7. Contact Phone Number: _____

8. Email Address: _____

9. **Change(s) Requested:**

Alteration of Licensed Premises

Change of Corporate Name

Addition of an Outdoor Patio

Change of Corporate Structure (i.e.,

Amend License Condition

Corp/LLC)

Change of Capacity

Change of Officer/Director/ LLC Manager

Change of D/B/A

Issuance/Transfer of Stock/ New

Change of Location (Address)

Stockholder

Change of Ownership Interest (LLC

Other: _____

Member/LLP Patterns/Trustees)

Change of Hours

Change of Manager

10. Change from: _____

11. Change to: _____

STATEMENT OF APPLICANT: Under the pains and penalties of perjury, I affirm that the answers contained in this application are true to the best of my knowledge and belief, and that there are no other indirect interests in this license other than those indicated in this application. I affirm that I have read and understand the instructions provided.

SIGNATURE OF APPLICANT: _____ DATE SIGNED: _____

PRINT NAME: _____

PERSONAL INFORMATION FORM

Instructions: All owner(s), shareholder(s), officer(s), manager(s), and person(s) with a financial interest in the business must submit a copy of this form.

Entity Name: _____

Premise Address: _____

Your Name: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____

Work Phone No.: _____

Cell Phone No.: _____

Date of Birth: _____

Your title as it relates to the business/license: _____

Describe your interest in the business/license: _____

Place of current employment: _____

Employment for the last five years:

Dates	Position	Employer	Employer Address

STATEMENT OF APPLICANT: Under the pains and penalties of perjury, I affirm that the answers contained in this application are true to the best of my knowledge and belief, and that there are no other indirect interests in this license other than those indicated in this application.

SIGNATURE OF APPLICANT: _____ DATE SIGNED: _____

PRINT NAME: _____