



OFFICE OF SELECT BOARD
333 WASHINGTON STREET
BROOKLINE, MA 02445
(617) 730-2200

APPLICATION FOR CHANGE IN D/B/A
COMMON VICTUALLER LICENSES

DATE: _____

LOCATION:: _____

APPLICANT: _____

INDIVIDUAL/PARTNERSHIP/CORPORATION

PRESENT D/B/A: _____

PROPOSED D/B/A _____

(NOTE: CHANGE OF D/B/A FOR LIQUOR LICENSEES REQUIRES SUBMISSION OF APPLICATION FOR CHANGE IN D/B/A ON LIQUOR LICENSE IN ADDITION TO THIS APPLICATION FOR CHANGE OF D/B/A ON CV LICENSE.)

APPLICANT SIGNATURE _____ TITLE: _____ PHONE# _____

EMAIL ADDRESS _____



VOTE OF CORPORATION

DATE: _____

AT A MEETING OF THE BOARD OF DIRECTORS OF _____

HELD AT: _____ ON: _____

IT WAS DULY VOTED THAT THE CORPORATION APPLY TO THE LICENSING BOARD FOR THE TOWN OF BROOKLINE FOR A

_____ (TYPE OF LICENSE)

FOR THE YEAR _____ TO BE EXERCISED ON THE PREMISES LOCATED AT

VOTED: TO AUTHORIZE _____ TO SIGN

THE APPLICATION FOR THE LICENSES IN THE NAME OF _____

_____ AND TO EXECUTE ON ITS BEHALF ANY NECESSARY PAPERS, AND TO DO ALL THINGS REQUIRED RELATIVE TO THE GRANTING OF THE LICENSE.

THIS CORPORATION HAS _____ BEEN RESOLVED.

A TRUE COPY

ATTEST: _____

CLERK



STATE TAX VERIFICATION FORM

I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid all state taxes as required under law.

*Signature of Individual

By: Corporate Officer

** Social Security #
Voluntary or Federal ID #

***This license will not be issued unless this certification clause is signed by the applicant.**

****Your social security number will be furnished to the Massachusetts Department of Revenue to determine whether you have met tax filing or tax payment obligations. Licensees who fail to correct their non-filing or delinquency will be subject to license suspension or revocation. This request is made under the authority of Massachusetts General Law Chapter 62C, Section 49A.**