



# Haverhill

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License Commission, Room 118  
Phone: 978-374-2354 Fax: 978-373-8490  
License\_comm@cityofhaverhill.com

## **CHANGE OF MANAGER**

1. **\$75 APPLICATION FEE MADE PAYABLE "CITY OF HAVERHILL"**
2. **FORM 43 (Is provided by License Commission/City Hall)**
3. **FORM 997**
4. **FORM A**
5. **CORI FORM**
6. **VOTE OF CORPORATE BOARD AUTHORIZING THE CHANGES**
7. **\$200.00 BANK CHECK OR MONEY ORDER MADE PAYABLE TO THE ABCC.**

change of Manager

*The Commonwealth of Massachusetts  
Alcoholic Beverages Control Commission*

**FORM - 43**

\_\_\_\_\_  
LICENSE NUMBER

\_\_\_\_\_  
CITY TOWN

\_\_\_\_\_  
DATE

**Type of Transaction (please check all relevant transactions)**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> New License         | <input type="checkbox"/> New Officer Director | <input type="checkbox"/> Pledge of License |
| <input type="checkbox"/> Transfer of License | <input type="checkbox"/> Change of Location   | <input type="checkbox"/> Pledge of Stock   |
| <input type="checkbox"/> Change of Manager   | <input type="checkbox"/> Alter Premises       | <input type="checkbox"/> Other _____       |
| <input type="checkbox"/> Transfer of Stock   |   | (specify)                                  |

\_\_\_\_\_  
Name of Licensee

\_\_\_\_\_  
FID of Licensee

\_\_\_\_\_  
DBA

\_\_\_\_\_  
Manager

\_\_\_\_\_  
Address: Number

\_\_\_\_\_  
Street

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Annual or Seasonal

\_\_\_\_\_  
Category: All Alcohol,  
Wine and Malt,

\_\_\_\_\_  
Type: Restaurant, Club  
Package Store, Hotel,  
General on Premise, etc.

Description of Licensed Premises:

**Application was filed**

DATE TIME

**Advertised**

DATE and PUBLICATION

Person to contact regarding this transaction:

Abutters Notified

YES

NO

Name:
Address:
Phone number: (    )

Remarks:

The Local Licensing Authorities

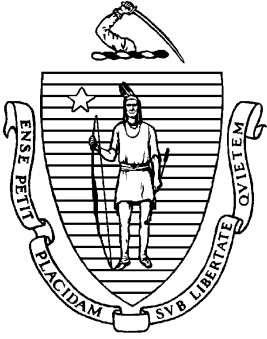
Alcoholic Beverages Control Commission

By:

*Ellen Moriarty  
Executive Secretary*

Remarks:





The Commonwealth of Massachusetts  
**ALCOHOLIC BEVERAGES CONTROL COMMISSION**

**FORM A**  
**LICENSEE PERSONAL INFORMATION SHEET**

THIS FORM MUST BE COMPLETED FOR EACH:

- \_\_\_\_\_ A. NEW LICENSE APPLICANT  
\_\_\_\_\_ B. APPOINTMENT OR CHANGE OF MANAGER  
IN A CORPORATION  
\_\_\_\_\_ C. TRANSFER OF LICENSE (RETAIL ONLY-SEC. 12 & SEC. 15)

(Please check which transaction is the subject of an application accompanying this Form A.)

PLEASE TYPE OR PRINT ALL INFORMATION

ALL QUESTIONS MUST BE ANSWERED AND TELEPHONE NUMBERS PROVIDED OR  
APPLICATION WILL NOT BE ACCEPTED.

1. LICENSEE NAME \_\_\_\_\_  
(NAME AS IT WILL APPEAR ON THE LICENSE)
2. NAME OF (PROPOSED) MANAGER \_\_\_\_\_
3. SOCIAL SECURITY NUMBER \_\_\_\_\_
4. HOME (STREET) ADDRESS \_\_\_\_\_
5. AREA CODE AND TELEPHONE NUMBER (S): (Give both, your home telephone and a number at which you can be reached during the day).  
DAY TIME # \_\_\_\_\_ HOME# \_\_\_\_\_
6. PLACE OF BIRTH: \_\_\_\_\_ 7. DATE OF BIRTH: \_\_\_\_\_
8. REGISTERED VOTER: \_\_\_\_\_ YES \_\_\_\_\_ NO 8A. WHERE ? : \_\_\_\_\_
9. ARE YOU A U. S. CITIZEN: \_\_\_\_\_ YES \_\_\_\_\_ NO
10. COURT AND DATE OF NATURALIZATION (IF APPLICABLE): \_\_\_\_\_  
(Submit proof of citizenship and/or naturalization such as Voter=s Certificate, Birth Certificate or Naturalization Papers)

11. FATHER'S NAME: \_\_\_\_\_ 12. MOTHER'S MAIDEN NAME: \_\_\_\_\_

13. IDENTIFY YOUR CRIMINAL RECORD, (Massachusetts, Military, any other State or Federal): ANY OTHER ARREST OR APPEARANCE IN CRIMINAL COURT CHARGED WITH A CRIMINAL OFFENSE REGARDLESS OF FINAL DISPOSITION:

\_\_\_\_\_ YES \_\_\_\_\_ NO **(MUST CHECK EITHER YES OR NO)**

**IF YES, PLEASE DESCRIBE OFFENSE (S) SPECIFIC CHARGE AND DISPOSITION (FINE, PENALTY, ETC.)**

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14. PRIOR EXPERIENCE IN THE LIQUOR INDUSTRY: \_\_\_\_\_ YES \_\_\_\_\_ NO  
IF YES, PLEASE DESCRIBE:

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15. FINANCIAL INTEREST, DIRECT OR INDIRECT, IN THIS OR ANY OTHER LIQUOR LICENSE, PERMIT OR CERTIFICATE: \_\_\_\_\_ YES \_\_\_\_\_ NO

**IF YES, PLEASE DESCRIBE:** \_\_\_\_\_

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16. EMPLOYMENT FOR THE LAST TEN YEARS (Dates, Position, Employer, Address and if known, Telephone Numbers):

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17. HOURS PER WEEK TO BE SPENT ON THE LICENSED PREMISES: \_\_\_\_\_

18. I HEREBY SWEAR THAT UNDER THE PAINS AND PENALTIES OF PERJURY THAT THE INFORMATION I HAVE GIVEN IN THIS APPLICATION IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

BY: \_\_\_\_\_ DATE \_\_\_\_\_  
PROPOSED MANAGER SIGNATURE

**CITY OF HAVERHILL  
MASSACHUSETTS 01830**

LICENSE COMMISSION

4 Summer Street, Room 118

374-2354

GHAVLL

**CORI REQUEST FORM**

City of Haverhill License Commission has been certified by the Criminal History Systems Board to access conviction and pending case CORI for the purpose of screening applicants for liquor licenses.

As an above-described applicant, I understand that a criminal record check will be conducted on me, pursuant to the above, and that the results of same will not necessarily disqualify me. The information below is correct to the best of my knowledge.

Dated:

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
APPLICANT SIGNATURE (PLEASE PRINT)

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Middle Name

\_\_\_\_\_  
Maiden Name or Alias  
(if applicable)

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Social Security Number (Optional)

Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Requested by: \_\_\_\_\_

Signature of CORI Authorized Employee

\_\_\_\_\_  
CHSB USE ONLY

Record Attached: \_\_\_\_\_

No Record: \_\_\_\_\_