Consumer Affairs and Licensing

Mayor Michelle Wu

CHANGE OF CORPORATE OFFICERS

Current Corporation Name: _____

D/B/A: _____

Address: _____

CURRENT OFFICERS, DIRECTORS AND STOCKHOLDERS

NAME *ADDRESS* *SHARES*

_____

_____

_____

_____

PROPOSED OFFICERS, DIRECTORS AND STOCKHOLDERS

NAME *ADDRESS* *SHARES*

_____

_____

_____

_____

WE THE UNDERSIGNED, WARRANT THAT THE INFORMATION HEREIN IS COMPLETE AND ACCURATE, THAT IT IS TRUTHFUL, THAT IT REFLECTS THE PRESENT RECORD OF THE MAYOR'S LICENSING DIVISION, AND THAT THERE ARE NO OTHER DIRECT OR INDIRECT INTERESTS IN THIS LICENSE. SIGNED UNDER THE PAINS AND PENALTIES OF PERJURY, THIS ____ DAY OF _____, 202___.

Applicant Signature: _____

Applicant Name: _____

Phone Number:_____ Email:_____

Notary Public: _____

Printed: _____

My Commission: _____

BOSTON CITY HALL, ROOM 809, ONE CITY HALL SQUARE, BOSTON, MA 02201
TELEPHONE: LICENSING DIVISION 617-635-4165 • FAX: 617-635-0709 • MOCAL@BOSTON.GOV