

Commissioners:

Kathleen M. Joyce, Chair Lisa Holmes Gabriel Camacho Iohn Smith Ramon Soto Sonal Gandhi

Request for Change(s) to License

Please complete this form when requesting a change to a license that has been granted or issued a license for a cannabis establishment. Please complete this form only when requesting changes to the operating hours, conditions placed on the license (e.g.: hours of operations, allowing delivery of cannabis products to consumers), capacity, alteration of premise etc. Please submit this application via email to cannabisboard@boston.gov. At the discretion of the Board some requests may require a community process with the Mayor's Office of Neighborhood Services and the District City Councilor. Please note, this form should NOT be used for applications for changes in beneficial interests or transfers of ownership interest. Please contact cannabisboard@boston.gov or (617) 635-2330 with any questions.

Applicant (Corporation): Doing Business As (d/b/a, if different from above):

Type of Change(s) Requested: (i.e. manager (fill out personal form attached), hours, capacity, Alteration of premise, etc.):

Change from: _____

Change to: _____

I hereby certify under the pains and penalties of perjury that the above is tru	e and
accurate information.	

Signature: _____

Print Name:

Title as it relates to business:

Dated:

For the Board's official use only _____Denied: _____

Granted: _____ Remarks/Conditions:

Personal Information Form

Section 1- Licensee Informatio			
Name of licensee/business:			
Business Address:			
City:			
Section 2 – Personal Informati	ion:		
Name:			
Date of Birth:			
Home Address:			
City:	State:	Zip Code:	
		ess:	
Employment History for last 5 y	vars (datas positions or	anlavar addraga);	
Employment History for last 5 y	ears (dates, positions, en	nployer, address):	
Title as it relates to the business/	/licensee:		
I hereby certify under the pain	is and nenalties that the	e above is true and accurate	
information.	is and penalties that the		
Signature:			
Print Name:			
Dated:			

ONE CITY HALL SQUARE, ROOM 809 | BOSTON, MA 02201 | BOSTON.GOV/CANNABISBOARD | 617-635-233