



Criminal Record Information Form

Name: _____
Alias(es), if any: _____
Home Address: _____
City: _____ State: _____ Zip Code: _____
Occupation: _____
Birthplace: _____ Date of Birth: _____
Father's Name: _____ Mother's Name: _____
Spouse's Name: _____
Name of Corporation/Licensee/Business: _____
Address of Corporation/Licensee/Business: _____
City: _____ State: _____ Zip Code: _____

If you have any record of misdemeanors including, but not limited to, drunkenness, simple assault, speeding, minor traffic violations, and affray or disturbance of the peace, and such offenses were disposed of ten or more years prior to the filing of this application, you may be considered to have "No Record" for the purposes of furnishing this department information as to your criminal record.

I, (print your name) _____, applicant for a (print type of license you are requesting) _____ in the City of Boston, hereby state I have not been convicted for violation of a State or Federal narcotic law.

I, (print your name) _____, do hereby state that I have no record of criminal convictions in any State or Federal Court except those as listed as below: _____

I, (print your name) _____, do hereby state that I have no pending criminal charges for any criminal violations in any State or Federal Court except as those listed below: _____

Signed and subscribed to under the pains and penalties of perjury this _____ day of (month) _____, (year) _____.

Signature: _____
Print Name: _____

**** Any statements contained herein found to be untrue shall be cause for the cancellation and/or revocation of any Licensee granted to the applicant or Corporation in which he/she is a principal or agent.**