



CAMBRIDGE LICENSE COMMISSION

831 Massachusetts Avenue, First Floor, Cambridge, Massachusetts 02139

REQUEST FOR CHANGES TO LICENSE/CORPORATION

Please complete this form when requesting **any type of change** to any existing license issued by this Commission. If the change requested is on an annual license with alcoholic beverages, please note that depending of the type of change you may also have to fill out an Alcoholic Beverages Control Commission form. Any questions, contact us: License@cambridgema.gov.

License No: _____ License Type: _____
 License Holder Name: _____ Tax ID No.: _____
 Doing Business As (d.b.a): _____
 Owner's Name: _____
 Business Address: _____
 Phone Number: _____ Email: _____

Change From:

Change To:

The undersigned, being the owner/holder/manager of the license, hereby certifies under the pains and penalties of perjury, that: the information above is true accurate to the best of my understanding and belief.

Print Name: _____ Relation to Business: _____
 Sign: _____ Date: _____

For Official Use Only

Granted: _____ Denied: _____
 Conditions/Notes: _____