



APPLICATION TO EMPLOY A MINOR IN SALE OF ALCOHOLIC BEVERAGES

Date of Application

1. Business/Trade Name
2. Alcoholic Beverage License Number
3. License Holder Name
4. Business Email Address (if permit is granted, it will be emailed to this account)
5. Full Name of Minor to be Employed
6. Address of Minor to be Employed
7. Date of Birth of Minor to be Employed
8. Business Name/Location of Employment
9. Name of Parent/Guardian Consenting to Permit Issuance
10. Parent/Guardian Phone Number

 I hereby certify that the information provided above is true and correct to the best of my knowledge, information, and belief. Entering your initials constitutes an electronic signature. I hereby certify that I am the above-named license holder. Entering your initials constitutes an electronic signature.

FOR INTERNAL USE ONLY:
Signature of authorized individual below indicates respective agency recommendation on issuance of Permit. If recommending denial of permit, please provide brief explanation in field provided.

AGENCY:		DENIAL REASON:	SIGNATURE:	DATED:
LIQUOR BOARD				
APPROVED	DENIED	<input type="text"/>	<input type="text"/>	<input type="text"/>
WORCESTER COUNTY SHERIFF'S OFFICE				
APPROVED	DENIED	<input type="text"/>	<input type="text"/>	<input type="text"/>
OFFICE OF THE STATE'S ATTORNEY				
APPROVED	DENIED	<input type="text"/>	<input type="text"/>	<input type="text"/>