AUXILIARY QUESTIONNAIRE ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk

AT-103 (R. 8-11)

Submit to municipal cierk.						ž	
Individual's Full Name (please print) (last name) Maguire		(first name) John		(middle name) Michael			
		JOHN					
Home Address (street/route)	Post Office		Duxbury		State MA	Zip Code 02332	
Home Phone Number		Age 53	Date of Birth		Place of I	incy, MA	
The above named individual provides the	following information	as a ner	on who is (check)	nne).			
The above named individual provides the Applying for an alcohol beverage lice A member of a partnership which is Chief Operating Officer/Manager/Age which is making application for an alcohology which is making application of any federal laws, any Wiscohology will be a convicted of any experience of the provided that is the convicted of any experience of the provided that is the convicted of any experience of the convicted of the convict	making application for anager of other into	e. to the lice to this da raffic unre of any oth and penalty n reverse (other the ws of other company	nol beverage licent IOD Super Fame of Corporation, Limite ensing authority: te? elated to alcohol be ner states or ordinate of this form.) an traffic unrelated er states or ordinated to alcohol be ner states or ordinated to alcohol be ner states or ordinated er states or ordinated er states or ordinated er states or ordinated to alcohol or applying the ner states or ap	Not a Wieverages) for ances of any corporation/n	SCONSIR county tion and everages ounty or onprofit	n resident. X Yes Yes	☐ No ☑ No ☐ No
 Do you hold and/or are you an officer, of member/manager/agent of a limited lian brewery/winery permit or wholesale liquely lf yes, identify. 	bility company holding	g or apply	ring for a wholesal	e beer permit	·1		X No
(Name of Who	olesale Licensee or Permittee)			(Address	By City and 0	County)	
6. Named individual must list in chronolog	ical order last two em	ployers.					
1	mployer's Address			Employed From		To 4.0.44.0	
Friendly's Ice Cream 1	855 Boston Road,	Wilbrah	am, MA 01095	05/12		10/18	
	mployer's Address 20 Highland Avenue,	Needha	m, MA 02459	Employed From 04/93		To 05/12	
The undersigned, being first duly sworn of the applicant has read and made a complete undersigned further understands that any penalty of state law, the applicant may be subscribed and sworn to before me this	ete answer to each qui license issued contra	iestion, a ary to Ch	nd that the answe apter 125 of the V	rs in each ins Visconsin Sta affidavits in co	tance are atutes sh	e true and corre all be void, and with this appli	ect. The d under