



**Commonwealth of Massachusetts  
Alcoholic Beverages Control Commission  
95 Fourth Street, Suite 3  
Chelsea, MA 02150**

**JEAN M. LORIZIO, ESQ.  
CHAIRMAN**

**CORI REQUEST FORM**

The Alcoholic Beverages Control Commission ("ABCC") has been certified by the Criminal History Systems Board to access conviction and pending Criminal Offender Record Information ("CORI"). For the purpose of approving each shareholder, owner, licensee or applicant for an alcoholic beverages license, I understand that a criminal record check will be conducted on me, pursuant to the above. The information below is correct to the best of my knowledge.

**ABCC LICENSE INFORMATION**

<b>ABCC NUMBER:</b> <small>(IF EXISTING LICENSEE)</small>	<input type="text"/>	<b>LICENSEE NAME:</b>	<input type="text"/>	<b>CITY/TOWN:</b>	<input type="text"/>
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**APPLICANT INFORMATION**

<b>LAST NAME:</b>	<input type="text"/>	<b>FIRST NAME:</b>	<input type="text"/>	<b>MIDDLE NAME:</b>	<input type="text"/>
<b>MAIDEN NAME OR ALIAS (IF APPLICABLE):</b>	<input type="text"/>	<b>PLACE OF BIRTH:</b>	<input type="text"/>		
<b>DATE OF BIRTH:</b>	<input type="text"/>	<b>SSN:</b>	<input type="text"/>	<b>ID THEFT INDEX PIN (IF APPLICABLE):</b>	<input type="text"/>
<b>MOTHER'S MAIDEN NAME:</b>	<input type="text"/>	<b>DRIVER'S LICENSE #:</b>	<input type="text"/>	<b>STATE LIC. ISSUED:</b>	<input type="text"/>
<b>GENDER:</b>	<input type="text"/>	<b>HEIGHT:</b>	<input type="text"/>	<input type="text"/>	<b>WEIGHT:</b> <input type="text"/>
				<b>EYE COLOR:</b>	<input type="text"/>
<b>CURRENT ADDRESS:</b>	<input type="text"/>				
<b>CITY/TOWN:</b>	<input type="text"/>	<b>STATE:</b>	<input type="text"/>	<b>ZIP:</b>	<input type="text"/>
<b>FORMER ADDRESS:</b>	<input type="text"/>				
<b>CITY/TOWN:</b>	<input type="text"/>	<b>STATE:</b>	<input type="text"/>	<b>ZIP:</b>	<input type="text"/>

**PRINT AND SIGN**

<b>PRINTED NAME:</b>	<input type="text"/>	<b>APPLICANT/EMPLOYEE SIGNATURE:</b>	<input type="text"/>
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**NOTARY INFORMATION**

On this  before me, the undersigned notary public, personally appeared

(name of document signer), proved to me through satisfactory evidence of identification, which were

to be the person whose name is signed on the preceding or attached document, and acknowledged to me that (he) (she) signed it voluntarily for its stated purpose.

*NOTARY*

**DIVISION USE ONLY**

<b>REQUESTED BY:</b>	<input type="text"/>
<small>SIGNATURE OF CORI-AUTHORIZED EMPLOYEE</small>	

The DCJI Identify Theft Index PIN Number is to be completed by those applicants that have been issued an Identity Theft PIN Number by the DCJI. Certified agencies are required to provide all applicants the opportunity to include this information to ensure the accuracy of the CORI request process. ALL CORI request forms that include this field are required to be submitted to the DCJI via mail or by fax to (617) 660-4614.