



**Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street, First Floor
Boston, MA 02114**

**STEVEN GROSSMAN
TREASURER AND RECEIVER GENERAL**

CORI REQUEST FORM

**KIM S. GAINSBORO, ESQ.
CHAIRMAN**

The Alcoholic Beverages Control Commission has been certified by the Criminal History Systems Board to access conviction and pending Criminal Offender Record Information. 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

ABCC NUMBER: <small>(IF EXISTING LICENSEE)</small>	<input style="width:95%;" type="text"/>	LICENSEE NAME:	<input style="width:95%;" type="text"/>	CITY/TOWN:	<input style="width:95%;" type="text"/>
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APPLICANT INFORMATION

LAST NAME:	<input style="width:95%;" type="text"/>	FIRST NAME:	<input style="width:95%;" type="text"/>	MIDDLE NAME:	<input style="width:95%;" type="text"/>
MAIDEN NAME OR ALIAS (IF APPLICABLE):	<input style="width:95%;" type="text"/>	PLACE OF BIRTH:	<input style="width:95%;" type="text"/>		
DATE OF BIRTH:	<input style="width:95%;" type="text"/>	SSN:	<input style="width:95%;" type="text"/>	ID THEFT INDEX PIN (IF APPLICABLE):	<input style="width:95%;" type="text"/>
MOTHER'S MAIDEN NAME:	<input style="width:95%;" type="text"/>	DRIVER'S LICENSE #:	<input style="width:95%;" type="text"/>	STATE LIC. ISSUED:	<input style="width:95%;" type="text"/>
GENDER:	<input style="width:95%;" type="text"/>	HEIGHT:	<input style="width:95%;" type="text"/>	WEIGHT:	<input style="width:95%;" type="text"/>
EYE COLOR:	<input style="width:95%;" type="text"/>				
CURRENT ADDRESS:	<input style="width:95%;" type="text"/>				
CITY/TOWN:	<input style="width:95%;" type="text"/>	STATE:	<input style="width:95%;" type="text"/>	ZIP:	<input style="width:95%;" type="text"/>
FORMER ADDRESS:	<input style="width:95%;" type="text"/>				
CITY/TOWN:	<input style="width:95%;" type="text"/>	STATE:	<input style="width:95%;" type="text"/>	ZIP:	<input style="width:95%;" type="text"/>

PRINT AND SIGN

PRINTED NAME:	<input style="width:95%;" type="text"/>	APPLICANT/EMPLOYEE SIGNATURE:	<input style="width:95%;" type="text"/>
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NOTARY INFORMATION

On this	<input style="width:95%;" type="text"/>	before me, the undersigned notary public, personally appeared	<input style="width:95%;" type="text"/>
(name of document signer),		proved to me through satisfactory evidence of identification, which were	
		<input style="width:95%;" type="text"/>	
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.			
			<input style="width:95%;" type="text"/>
<i>NOTARY</i>			

DIVISION USE ONLY

REQUESTED BY:	<input style="width:95%;" 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.**