



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

**DEBORAH B. GOLDBERG
TREASURER AND RECEIVER GENERAL**

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

CORI REQUEST FORM

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 type="text"/>	LICENSEE NAME:	<input type="text"/>	CITY/TOWN:	<input type="text"/>
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APPLICANT INFORMATION

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

PRINT AND SIGN

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

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

DIVISION USE ONLY

REQUESTED BY:	<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.**