



City of Salem

LICENSE APPLICATION

City Clerk's Office 93 Washington Street, Room 3 Salem, MA 01970

**NOTE: All licenses expire on
December 31st of Current Year**

New License ☐

License Renewal ☐

CORI Required & Attached ☐

TO THE CITY CLERK:

The following applicant was interviewed by me on _____, 20____

Name of Applicant: _____

Address of Applicant: _____

For the following license (check applicable license):

<input type="checkbox"/>	Junk Collector	\$50	<input type="checkbox"/>	Junk Dealer	\$100	<input type="checkbox"/>	Fee Paid	\$
<input type="checkbox"/>	Second Hand Clothing	\$50	<input type="checkbox"/>	Second Hand Valuable	\$100	<input type="checkbox"/>	Date	
<input type="checkbox"/>	Seaworms	\$10	<input type="checkbox"/>	Other:		<input type="checkbox"/>		

S/ Special Investigator

TO THE CITY COUNCIL:

The undersigned respectfully applies for the above license to operate in said City:

Applicant's Information (please print clearly and sign below):

Name		Date of Birth			
Street Address		Birthplace			
City, State, Zip		Height		Weight	
Phone No.		Eye Color		Hair Color	
Social Security No.		Married		Single	

Company Information (please print clearly):

Name		Business Phone No.	
Street Address		City, State, Zip	
State Tax ID No.			

Signature of Applicant

Any False Statement made on this Application is Grounds for Denial

In City Council _____

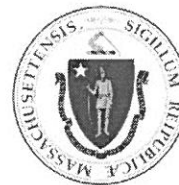
Ref. to Committee on Ordinances, Licenses & Legal Affairs

In City Council _____

GRANTED



THE COMMONWEALTH OF MASSACHUSETTS
EXECUTIVE OFFICE OF PUBLIC SAFETY AND SECURITY
Department of Criminal Justice Information Services
200 Arlington Street, Suite 2200, Chelsea, MA 02150
TEL: 617-660-4640 | TTY: 617-660-4606 | FAX: 617-660-5973
MASS.GOV/CJIS



**Criminal Offender Record Information (CORI)
Acknowledgement Form**

To be used by organizations conducting CORI checks for employment, volunteer, subcontractor, licensing, and housing purposes.

THE CITY OF SALEM

is registered under the

(Organization)

provisions of M.G.L. c.6, § 172 to receive CORI for the purpose of screening current and otherwise qualified prospective employees, subcontractors, volunteers, license applicants, current licensees, and applicants for the rental or lease of housing.

As a prospective or current employee, subcontractor, volunteer, license applicant, current licensee, or applicant for the rental or lease of housing, I understand that a CORI check will be submitted for my personal information to the DCJIS. I hereby acknowledge and provide permission to

THE CITY OF SALEM

(Organization)

to submit a CORI check for my information to the DCJIS. This authorization is valid for one year from the date of my signature. I may withdraw this authorization at any time by providing

THE CITY OF SALEM

(Organization)

with written notice of my intent to withdraw consent to a CORI check.

FOR EMPLOYMENT, VOLUNTEER, AND LICENSING PURPOSES ONLY:

The THE CITY OF SALEM may conduct
(Organization)

subsequent CORI checks within one year of the date this Form was signed by me, provided, however, that

THE CITY OF SALEM

(Organization)

, must first provide me with written notice of this check.

By signing below, I provide my consent to a CORI check and affirm that the information provided on Page 2 of this Acknowledgement Form is true and accurate.

Signature of CORI Subject

Date



THE COMMONWEALTH OF MASSACHUSETTS
EXECUTIVE OFFICE OF PUBLIC SAFETY AND SECURITY
Department of Criminal Justice Information Services
200 Arlington Street, Suite 2200, Chelsea, MA 02150
TEL: 617-660-4640 | TTY: 617-660-4606 | FAX: 617-660-5973
MASS.GOV/CJIS



SUBJECT INFORMATION

Please complete this section using the information of the person whose CORI you are requesting.
The fields marked with an asterisk (*) are required fields.

* First Name: _____ Middle Initial: _____

* Last Name: _____ Suffix (Jr., Sr., etc.): _____

Former Last Name 1: _____

Former Last Name 2: _____

Former Last Name 3: _____

Former Last Name 4: _____

* Date of Birth (MM/DD/YYYY): _____ Place of Birth: _____

* Last **SIX** digits of Social Security Number: ____ -- ____ ☐ No Social Security Number

Sex: _____ Height: ____ ft. ____ in. Eye Color: _____ Race: _____

Driver's License or ID Number: _____ State of Issue: _____

Father's Full Name: _____

Mother's Full Name: _____

Current Address

* Street Address: _____

Apt. # or Suite: _____ *City: _____ *State: _____ *Zip: _____

SUBJECT VERIFICATION

The above information was verified by reviewing the following form(s) of government-issued identification:

Verified by:

Print Name of Verifying Employee

Signature of Verifying Employee

Date