

City of Salem, Massachusetts
City Council
93 Washington Street
Salem, MA 01970

PUBLIC GUIDE LICENSE APPLICATION

To the City Council, the undersigned respectfully applies for a public guide license within the limits of the City of Salem:

The attached CORI form must also be completed and submitted with this form as well as a color photo of your driver's license.

New _____ Renewal _____

Name _____ Date of Birth _____ / _____ / _____

Street Address _____ City _____ State _____ Zip _____

Social Security Number _____ Driver License # _____ Resident Alien Number _____

Home/Cell Phone Number _____ Email _____ Birthplace _____

Tour Guide Company Employed By: (If not working for a
Tour Guide Company then use Self-Employed)

Tour Guide Company's Address _____

Tour Guide Company's Telephone # _____

Tour Guide Company's State Tax I.D. # _____

The following City Departments must endorse this application prior to final approval by the City Council: Any and all property tax liens, water/sewer liens, excise tax, parking tickets; City Ordinance violations, any & all fines/fees owed to the City of Salem must be paid in full prior to processing

Collectors Office _____ Clear _____ Date _____

Applicant: Signing this application allows the City of Salem to conduct, discuss and disclose background information, including but not limited to C.O.R.I., RMV and out-of-state criminal records and make recommendations to the Salem City Council prior to issuing of license sought.

FALSE STATEMENTS ON THIS APPLICATION ARE GROUNDS FOR DENIAL

Signature of Applicant _____

All licenses expire December 31st of the current year

Public Guide Fee Paid _____ CORI Fee Paid (New Only) _____ Exam Fee Paid (New Only) _____

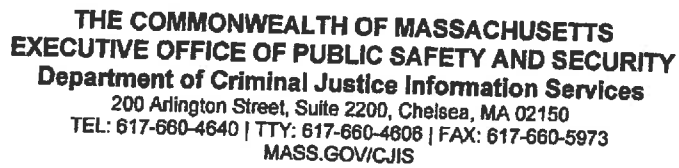
CORI form submitted _____ CORI Response _____ Test Taken (P/F) _____ (New Applicants Only)

S/ SPECIAL INVESTIGATOR SIGNATURE _____

APPROVED/DENIED _____

In City Council _____
GRANTED

BADGE # ASSIGNED _____



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

(Organization)

is registered under the

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 DCJS. I hereby acknowledge and provide permission to THE CITY OF SALEM

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

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)

(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.

THE CITY OF SALEM

(Organization)

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