



TOWN OF ADAMS

Local Licensing Authority

CORI REQUEST FORM

Chapter 6, Section 172C

Adams Town Government has been certified by the **Criminal History Systems Board** for access to conviction and pending criminal case data. As an applicant for a **Liquor License** in the *Town of Adams*, I understand that a criminal record check will be conducted for conviction and pending criminal case information only and that it will not necessarily disqualify me. The information below is correct to the best of my knowledge.

(Applicant Signature)

APPLICANT INFORMATION (PLEASE PRINT CLEARLY)

LAST NAME

FIRST NAME

MIDDLE NAME

MAIDEN NAME OR ALIAS (IF APPLICABLE)

DATE OF BIRTH

SOCIAL SECURITY NUMBER
(Last 6 Digits required)

MOTHER'S MAIDEN NAME

ADDRESSES: _____

REQUEST DATE: _____

TO BE COMPLETED BY AUTHORIZED ADAMS TOWN GOVERNMENT EMPLOYEE

THE ABOVE APPLICATION CHECK IS HEREBY:

APPROVED: _____

DISAPPROVED: _____

This _____ day of _____, 20_____.

ADAMS TOWN GOVERNMENT EMPLOYEE