



KIMBERLEY DRISCOLL  
MAYOR

CITY OF SALEM, MASSACHUSETTS  
LICENSING BOARD  
120 WASHINGTON STREET 3<sup>RD</sup> FLOOR  
SALEM, MA 01970  
TEL. 978-745-9595 EXT. 5648  
FAX 978-744-6775 or 978-740-9846

ROBERT M. ST. PIERRE, CHAIRMAN  
JOHN H. CASEY  
RICHARD C. LEE

MELISSA PAGLIARO,  
CLERK OF THE BOARD

CITY OF SALEM  
STREET PERFORMER APPLICATION  
"2011"

PLEASE TYPE OR PRINT CLEARLY

NAME:

HOME ADDRESS:

Street:

City:

State:

Zip:

HOME TELE #:

CELL#

D.O.B.:

SOCIAL SECURITY#:

PLACE OF BIRTH:

OCCUPATION:

EMPLOYER:

WHAT WILL YOUR PERFORMANCE CONSIST OF: (Please note that there is no amplification allowed)

STREET PERFORMERS ARE NOT GIVEN A SPECIFIC LOCATION, IF YOU ARE IN A VENDOR'S SPOT YOU WILL BE ASKED TO MOVE.

PERFORMING IS ONLY ALLOWED INSIDE THE B-5 AREA BETWEEN THE HOURS OF 10AM-8PM. NO AMPLIFICATION OF ANY KIND IS ALLOWED.

FEE: \$ 5.00 PER YEAR

STREET PERFORMERS LICENSES EXPIRE MARCH 31, 2012



KIMBERLEY DRISCOLL  
MAYOR

LISA B. CAMMARATA  
DIRECTOR OF HUMAN RESOURCES

# CITY OF SALEM, MASSACHUSETTS

HUMAN RESOURCES  
120 WASHINGTON STREET  
TEL. (978) 745-9595 EXT. 5630  
FAX (978) 745-7298

SLMPD  
G

## CORI REQUEST FORM

Salem Personnel Department has been certified by the Criminal History Systems Board for access to conviction and pending criminal case data. As an applicant/employee for the City of Salem, 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/Employee Signature

\_\_\_\_\_  
LAST NAME

\_\_\_\_\_  
FIRST NAME

\_\_\_\_\_  
MIDDLE NAME

\_\_\_\_\_  
MAIDEN NAME or ALIAS, if applicable

\_\_\_\_\_  
Place of birth

DATE OF BIRTH: \_\_\_\_\_

SS#: \_\_\_\_\_

Requested but not required

ID THEFT PIN: \_\_\_\_\_ (If applicable)\*

Mothers' Maiden Name: \_\_\_\_\_

Current and former addresses:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SEX: \_\_\_\_\_

HEIGHT: \_\_\_\_\_

WEIGHT: \_\_\_\_\_

EYE COLOR: \_\_\_\_\_

STATE DRIVER'S LICENSE NUMBER: \_\_\_\_\_

Include state of issue

The information was verified with the following form of Government Issued photographic identification:  
\_\_\_\_\_

REQUESTED BY: \_\_\_\_\_

Signature of CORI authorized employee

\*The CHSB Identity Theft PIN number is to be completed by those applicants that have been issued an Identity Theft Pin number by the CHSB. 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 CHSB via email or fax to 617-660-4614.