

City of Lowell | Personal Information Form

Type of License:

Business Street Address:

Provide this completed Personal Information Form and CORI Request Form for all owner(s), Shareholder(s), officer(s), and person(s) with financial interest in the business. Please attach a resume or work history.

Reminder, CORI request form is downloaded here: <https://www.lowellma.gov/433/License-Commission>

Name & Home Address

Name:			Years at address:
Home Street:	City:	State:	Zip:
Email:	Phone:	Cell:	

Previous Home Address

Landlord, if applicable:	Landlord Phone:	Years at address:	
Street:	City:	State:	Zip:

Place of Current Employment

Company:			Years at job:
Street:	City:	State:	Zip:
Supervisor:	Email:	Phone:	
Start Date:			

Place of Most Recent Previous Employment

Company:			Years at job:
Street:	City:	State:	Zip:
Supervisor:	Email:	Phone:	
Employed From Date:	Employed To Date:		

Previous Employment

Company:			Years at job:
Street:	City:	State:	Zip:

Your Title as it relates to the Business/Licensee: _____

Describe your interest in this Business/Licensee:

I hereby certify under the pains and penalties of perjury that the above is true and accurate information.

Signature: _____ **Dated:** _____