

TOWN OF LYNNFIELD
Attn: Selectmen's Office
55 Summer Street
Lynnfield, MA 01940
Phone 781-334-3180 -- fax #781-334-0014

APPLICATION FOR TRANSIENT VENDORS, HAWKERS & PEDDLERS LICENSE

Return this form along with the Workers' Compensation Insurance Affidavit and applicable permit fee. Checks are to be made payable to the Town of Lynnfield.

The undersigned respectfully applies for a _____ License in accordance with the provisions of Massachusetts General Laws Chapter 101 S. 1 – 34, and Town Bylaw Chapter 5, S12.

License expires annually: April 30th (Town Bylaw)

Fee: \$10.00

Requirements: Copy of State License: State License # _____ Expiration Date _____
Food Handlers Permit may need to be obtained from the Board of Health

Note: Every vehicle or other receptacle used by a licensee while peddling shall have plainly printed on each side thereof, the name of the licensee and the number of his/her license.

No person, hawking, peddling or carrying or exposing any articles for sale, shall cry his wares to the disturbance of the peace and comfort of the inhabitants of the Town, or otherwise than in vehicles and receptacles which are neat and clean and do not leak.

Applicant's Full Name and address: _____

Phone number: _____ Name of Business: _____

Type of Goods, wares and merchandise to be sold: _____

Procedure: applicant must make a true statement, under oath, of the average quality and value of the stock of foods, wares and merchandise kept or intended to be kept or exposed for sale.

(average quality and value of stock)

Signed under oath: _____

Describe location to be sold at: _____

Application Reviewed by Chief of Police: _____
(signature & date reviewed)

I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid all state taxes required under law.

*Signature of Individual or Corporate Name (Mandatory)

By: Corporate Officer (Mandatory, if applicable)

**Social Security # or Federal Identification Number

***This license will not be issued unless the applicant signs the certification clause and furnishes a SS # or Federal Identification Number.**

****Your social security number will be furnished to the Massachusetts Department of Revenue to determine whether you have met tax filing or tax payment obligations. Licensees who fail to correct their non-filing or delinquency will be subject to license suspension or revocation. This request is made under the authority of Mass. G.L. c.62C s.49A.**