

**CITY OF SPRINGFIELD
CITY CLERK'S OFFICE**

APPLICATION FOR TRANSIENT VENDORS LICENSE (RO 1986, § CHAPTER 5.56.010-5.56.050)

Date: _____ Telephone #: _____

Name: _____ DOB: _____ SS#: ____/____/____

Residential Address: _____
City/State _____ Zip _____

Business Address: _____
City/State _____ Zip _____

Names and addresses of persons aiding or assisting in the conduct of the business at the proposed site of sale.

Name	Address	City/State	Zip
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Name	Address	City/State	Zip
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Name	Address	City/State	Zip
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Describe any and all types of goods, wares or merchandise to be included in the inventory at the sale site.

Location of property site where such sale is to be conducted.

Street Address (Validly executed lease or letter of permission from owner of property allowing vendor to conduct such activity must be provided).

Applicant Signature: _____

Pursuant to MGL C. 62C, § 69A, I certify under the pains and penalties of perjury that I am and shall remain in full compliance with all laws and regulations of the Commonwealth of Massachusetts relative to the payment of state sales taxes and any other state taxes or duties applicable to the goods, wares and merchandise which I shall display for sale.

Signature Social Security Number or Tax ID #

Approval of Application _____
City Clerk

Approval of Police Department: _____ Date: _____

