## **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	:					
Business Address:		•	/State	Zip		
	s of persons aiding or assis	City	/State the business at th	Zip ne proposed site of sale.		
Name	Address	City/S	City/State			
Name	Address	City/S	City/State			
Name	Address	City/S	City/State			
Location of propert	y site where such sale is	to be conducted.				
•	lidly executed lease or le tivity must be provided).	•	rom owner of pr	operty allowing vendo		
Applicant Signature	e:					
remain in full comp to the payment of	C. 62C, § 69A, I certify u liance with all laws and state sales taxes and an hich I shall display for sa	regulations of the Co y other state taxes o	ommonwealth of	f Massachusetts relative		
		SS#//		/		
Signature		Social Security N	umber or Tax	D #		
Approval of Applica	ation					
•••		City Clerk				

Approval of Police Department: \_\_\_\_\_\_ Date: \_\_\_\_\_

GLADYS OYOLA-LOPEZ

City Clerk's Office 36 Court Street, Room 123 Springfield, MA 01103 Office: (413) 787-6096 Fax: (413) 787-6502





Springfield Police Department 130 Pearl Street- PO Box 308 Springfield, MA 01101

The Springfield Police Department has been certified by the Criminal History System Board for access to convictions and pending criminal case data. As an applicant for a Transient Vendor License, I understand that a criminal record check will be conducted for convictions and pending criminal cases information only and that it will not necessarily disqualify me for a Transient Vendor License. I hereby certify that the information below is true and correct to best of my knowledge.

	Applicant Signature				
Last Name	First Name	2	Middle Name		
Maiden Name or Alias (If App	licable)	Place of	f Birth		
// Date of Birth			/ Social Securit	/ y Number	
Mother's Maiden Name		Telepho	one Number		
Current Address:					
Former Address:					
Sex: Height:	Weight:	Eye Color:			
State of Driver's License:	Dr	iver's License #:			_
*THE INFORMATION WAS PHOTOGRAPHIC IDENTIFICAT			i form of	GOVERNMENT	ISSUED
REQUESTED BY:	ire of CORI Autho	rized Employee			