

**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.

_____ SS# _____/_____/_____ _____/_____
Signature Social Security Number or Tax ID #

Approval of Application _____
City Clerk

Approval of Police Department: _____ **Date:** _____

Wayman Lee, Esq.
City Clerk

City Clerk's Office
36 Court Street, Room 123
Springfield, MA 01103
Office: (413) 787-6095
Direct Dial: (413) 787-6589
Fax: (413) 787-6502

Email: wee@springfieldcityhall.com



THE CITY OF SPRINGFIELD, MASSACHUSETTS

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

Middle Name

Maiden Name or Alias (If Applicable)

Place of Birth

_____/_____/_____
Date of Birth

_____/_____/_____
Social Security Number

Mother's Maiden Name

Telephone Number

Current Address: _____

Former Address: _____

Sex: Male ___ Female ___ Height: _____ Weight: _____ Eye Color: _____

State of Driver's License: _____ Driver's License #: _____

***THE INFORMATION WAS VERIFIED WITH THE FOLLOWING FORM OF GOVERNMENT
ISSUED PHOTOGRAPHIC IDENTIFICATION:** _____

REQUESTED BY: _____
Signature of CORI Authorized Employee