



**TOWN OF PLAINVILLE
190 South St.
Plainville, MA 02762**

**SUPPLEMENTARY INFORMATION
APPLICATION FOR A TEMPORARY
VENDORS, HAWKER AND PEDDLER LICENSE**

FEE: \$25.00

Date of Application: _____

Name of Individual Responsible for the License: _____

Business or Organization Name: _____

Address of the Licensee: _____

Contact Person Email Address: _____ Contact Phone # _____

Business is: Sole Proprietor Partnership, Trust or Corporation

SNN or EIN (Federal Tax ID): _____

Mass. Hawkers and Peddlers License Number: _____

Date of Issuance: _____

Attach a Copy of your Massachusetts Hawkers and Peddlers License

Detailed Description of Wares to be peddled: _____

Structure for the temporary service: Tent Motorized mobile unit Non-motorized mobile unit

Detailed Description of the vehicle, cart or display to be used: _____

Use of Scale to Weigh and Measure Wares: Yes No (If yes, scales require the inspection of the Sealer of Weights and Measures.)

Event Offering Service at: _____

Effective Date(s) of Operation: _____ Authorized Hours of Operation: _____

If applicable, attach a list of the names and addresses of all employees who will be working under this permit.

The permit granted will be valid only for the date(s) specified, and will not exceed 7 days.

Pursuant to the Mass. General Laws, Chapter 62C, Section 49A, I certify under 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 _____

SSN or Federal ID Number _____

Address _____

Telephone _____

RELEASE AND INDEMNITY AGREEMENT

I, the undersigned Applicant, hereby agree to release, discharge and hold harmless, the Town of PLAINVILLE, a municipal corporation of the Commonwealth of Massachusetts, and its officers, employees, agents and servants from all actions, causes of action, claims, demands, damages, costs, loss of services, expenses and compensation associated with the undersigned's conduct under this Permit as described herein.

Signature of Applicant: _____ Date: _____

SEALER OF WEIGHTS AND MEASURES (Required for ALL Hawkers and Peddlers using a scale.) After inspecting the cart, vehicle or display, and any weighing and measuring devices that will be used by this Hawker and Peddler, I have found that all scales and, or relevant equipment are operating properly.

Conditions: _____

Signature of Sealer: _____ Date: _____

Print Name: _____

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THE COMMONWEALTH OF MASSACHUSETTS
EXECUTIVE OFFICE OF PUBLIC SAFETY AND SECURITY
Department of Criminal Justice Information Services 200
Arlington Street, Suite 2200, Chelsea, MA 02150
TEL: 617-660-4640 | TTY: 617-660-4606 | FAX: 617-660-5973
MASS.GOV/CJIS



This form is not to be faxed. Please return form to organization.

**Criminal Offender Record Information (CORI)
Acknowledgement Form**

To be used by organizations conducting CORI checks for employment or licensing purposes.

_____ is registered under the
(Organization)
provisions of M.G.L. c.6, § 172 to receive CORI for the purpose of screening current and otherwise qualified prospective employees, subcontractors, volunteers, license applicants, or current licensees.

As a prospective or current employee, subcontractor, volunteer, license applicant or current licensee, I understand that a CORI check will be submitted for my personal information to the DCJIS. I hereby acknowledge and provide permission to

(Organization)
to submit a CORI check for my information to the DCJIS. This authorization is valid for one year from the date of my signature. I may withdraw this authorization at any time by providing _____
(Organization)

with written notice of my intent to withdraw consent to a CORI check.

I also understand, that _____ may conduct
(Organization)
subsequent CORI checks within one year of the date this Form was signed by me.

By signing below, I provide my consent to a CORI check and affirm that the information provided on Page 2 of this Acknowledgement Form is true and accurate.

Signature of CORI Subject

Date



THE COMMONWEALTH OF MASSACHUSETTS
EXECUTIVE OFFICE OF PUBLIC SAFETY AND SECURITY
Department of Criminal Justice Information Services

200 Arlington Street, Suite 2200, Chelsea, MA 02150
TEL: 617-660-4640 | TTY: 617-660-4606 | FAX: 617-660-5973
MASS.GOV/CJIS



SUBJECT INFORMATION

Please complete this section using the information of the person whose CORI you are requesting.

The fields marked with an asterisk (*) are required fields.

* First Name: _____ Middle Initial: _____

* Last Name: _____ Suffix (Jr., Sr., etc.): _____

Former Last Name 1: _____

Former Last Name 2: _____

Former Last Name 3: _____

Former Last Name 4: _____

* Date of Birth (MM/DD/YYYY): _____ Place of Birth: _____

* Last **SIX** digits of Social Security Number: _____ No Social Security Number

Sex: _____ Height: _____ ft. _____ in. Eye Color: _____ Race: _____

Driver's License or ID Number: _____ State of Issue: _____

Father's Full Name: _____

Mother's Full Name: _____

Current Address

* Street Address: _____

Apt. # or Suite: _____ *City: _____ *State: _____ *Zip: _____

SUBJECT VERIFICATION

The above information was verified by reviewing the following form(s) of government-issued identification:

Verified by:

Print Name of Verifying Employee

Signature of Verifying Employee

Date