



APPLICATION FOR A HAWKER AND PEDDLAR LICENSE

APPLICANT INFORMATION:

Applicant Name: _____ Applicant Phone #: _____

Applicant Address: _____

Email Address: _____

Applicant Height: _____ Eye Color: _____ Hair Color: _____

Applicant Social Security Number: _____

BUSINESS & OPERATION INFORMATION:

Period of time for which activity will be carried on in the Town of Sturbridge:

From: _____ To: _____

Location within Town: _____

Brief Description of Activity:

Name of Business/Company: _____

Name of Employer/Manager: _____

VEHICLE INFORMATION:

Motor Vehicle Year: _____ Make: _____ Model: _____ Color: _____

V.I.N: _____ Reg. Number: _____

State: _____ Address of owner: _____

Statement of criminal record within the past ten years:

If Hawking is involved, a letter of permission signed by the land owner or if a public way, a letter signed by the Chief of Police shall be attached to the application.

Land Owner: _____ **Chief of Police:** _____

I hereby certify under penalty of perjury that all statements made in connection with this application are true and complete to the best of my knowledge.

Signature: _____ Dated: _____

For Official Use Only

POLICE CHIEF APPROVAL:

APPROVED:

REJECTED:

Signature: _____ Dated: _____

TOWN ADMINISTRATOR APPROVAL: **APPROVED:**

REJECTED:

Signature: _____ Dated: _____

Notes: