



TOWN OF SWAMPSCOTT

OFFICE OF THE SELECT BOARD

APPLICATION FOR A HAWKER AND PEDDLAR LICENSE AND DOOR TO DOOR SOLICITATION

Application Fee: \$50.00

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 Swampscott:

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:

Applicant must pay a \$50.00 application fee made payable to the Town of Swampscott. Applicants should bring the application fee, and this completed application (including the Civil Fingerprinting Consent Form) to the Police Department. At this time, applicants shall submit fingerprints to the Town of Swampscott Police Department for the Police Department to be able to conduct a state and national fingerprint-based criminal history check. At that time the application from provides two separate bank checks or money orders for fingerprints.

Fingerprinting fees include federal, state and local fees. Before being fingerprinted, all licensing applicants must pay the statutory fingerprint fee of thirty dollars (\$30.00) with a money order or bank check payable to the "Commonwealth of Massachusetts." In addition to a signature, the money order or bank check shall include the name of the applicant hand-printed in block letters.

In addition, licensing applicants must pay the municipal fingerprint fee of seventy dollars (\$70.00) with a money order or bank check payable to the "Town of Swampscott." In addition to a signature, the money order or bank check shall include the name of the applicant hand-printed in block letters.

Please see attached Civil Fingerprint Policy for information.

If food items are involved, applicant must obtain a license from the Board of Health

Signature: _____ **Health Director:** _____

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:
