



LICENSING BOARD

Town Hall, 30 Martin Street, Essex, MA 01929 Office (978) 768-6531 Facsimile (978) 768-2505

GUIDELINES FOR OBTAINING A PEDDLERS, HAWKERS, AND VENDORS LICENSE

1. The Licensing Board will consider applications for such licenses upon proof by the applicant that they comply with all of the provisions of Massachusetts General Laws Chapter 101, Section 5, and provided that the Licensing Board may use their discretion to restrict such licenses upon considering the effect of any granting thereof upon the health, safety, and welfare of the community.
2. Applicants for licenses to peddle frozen desserts from a motor vehicle, in addition to the foregoing, will further be required to show proof of compliance with Massachusetts General Laws, Chapter 101, Section 16A.
3. All applicants must complete a Town of Essex Application Form (see attached).
4. The annual fee is \$50.00 for a continuously operated business or \$25.00 per event.
5. The completed paperwork should be forwarded to the Selectmen's Assistant, Pamela J. Witham: pwitham@essexma.org or 978-768-6531.
6. An appointment must be made with the Selectmen for review and approval of the request prior to the dates requested.



TOWN OF ESSEX LICENSE/PERMIT APPLICATION

Date of Application: _____ Fee for Peddlers, Hawkers, and Vendors License:
\$50/Season - \$25/Event

To The Essex Licensing Board:

The undersigned hereby applies for a License/Permit in accordance with the provisions of M.G.L. Chapter 101, Section 5 relating thereto:

Name of Applicant: _____

Purpose for which license is requested: **Peddler, Hawkers, and Vendors License** for use on:

_____ (dates)

between the hours of _____ **and** _____ **p.m. within the confines of** _____

Will license be used for (check one): Profit _____ Non-Profit _____

I certify under the penalties of perjury that I have, to the best of my best knowledge and belief, filed all State tax returns and paid all State taxes required under law.

* Signature of Individual
or Corporate Name

By Corporate Officer

** Social Security Number or
Federal Identification Number

* This license will not be issued unless this certification clause is signed by the applicant.

** Your social security number will be furnished to the Massachusetts Department of Revenue to determine whether you have met tax filing or tax payment obligations. Licensees who fail to correct their non-filing delinquency will be subject to license suspension or revocation. This request is made under the authority of Mass. G.L. c.62Cs.49A.

Signature of Applicant: _____

Address: _____

eMail Address: _____

Telephone Number: _____