

Commonwealth of Massachusetts
 Division of Standards
 One Ashburton Place, Rm 1115
 Boston, MA 02108
 617-727-3480
REG FEE \$62.00 or
SPECIAL FEE \$2.00

FOR INTERNAL USE ONLY:
LICENSE #: _____
ISSUE DATE: _____
ISSUED BY: _____

HAWKER/ PEDDLER and SPECIAL HAWKER/PEDDLER LICENSE APPLICATION

This application must be completed as directed, duly signed, and returned to the Division of Standards with the fee of **\$62.00** if applying as a Hawker/Peddler or **\$2.00** if applying as a Special Hawker/Peddler and supporting documents, before a license will be issued. The forms of payment accepted are personal, business or bank checks, and money order. Make check or money order payable to: **Commonwealth of Massachusetts**. All licenses issued are subject to local rules and regulations. See G.L. c. 101.

NOTE: You may also register online to pay with a credit/debit card or electronic check at www.mass.gov/standards

Checklist:

- Signed certificate of character by Chief of Police
- If applicant a disabled Military veteran, please attach a certified U.S. Veteran's Administration Form to this application.
- If applicant is visually impaired, please attach a Certification of Blindness to this application.

Are you a disabled Military veteran? YES NO If YES, please provide a certified U.S. Veteran's Administration Form.

Are you visually impaired? YES NO If YES, please provide a Certificate of Blindness.

Type of Goods Sold: _____

First Name: _____ Last Name: _____ Middle Initial: _____

Date of Birth: _____ SSN#/Fed. Tax ID#: _____

Address: _____

City/Town: _____ State: _____ Zip Code: _____

Phone#: _____ Email Address: _____

Do you use a motor vehicle? YES NO If YES, what is your registration number, year, make, and model?

Have you had a license to peddle within the last five (5) years? YES NO

If YES, what was the license number? _____

Have you been convicted of a misdemeanor or a felony during the past 12 months in any U.S. or foreign jurisdiction? If so, give details below.

Have there been any formal complaints against you where disciplinary action was taken by the Division of Standards or any court judgment was issued against you? If so, give details below.

Has any local, state or federal agency taken any disciplinary action against any license you have? If so, give details below.

Have you ever applied for and been denied a professional license by any local, state or federal agency? If so, please give details below.

Pursuant to G.L. c. 62C, § 49A, I certify under pains and penalties of perjury that I have complied with all laws of the Commonwealth relating to taxes, reporting of employees and contractors, and withholding and remitting of child support, that I have complied with all local permit and license requirements, and that all statements contained in this application, to the best of my knowledge and belief, are true.

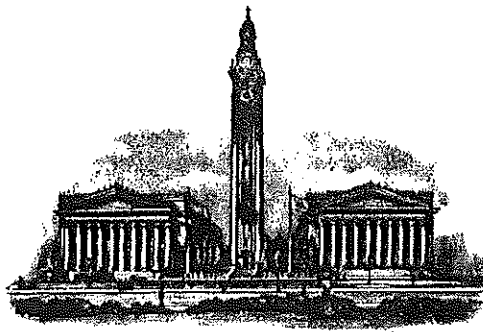
Signature of Applicant: _____ Date: _____

Certificate of Character: Must be signed by Chief of Police of the city or town in which applicant resides.

I, the undersigned, _____ of the City/Town of _____, hereby certify to the best of my knowledge and belief that _____, named applicant, is of good repute for morals and integrity.

Signed: _____, Chief of Police Date: _____

Springfield Police Department
130 Pearl St. • P.O. Box 308
Springfield, MA 01101
TTY (413) 734-7489



THE CITY OF
SPRINGFIELD, MASSACHUSETTS

C.O.R.I. Request Form

The Springfield Police Department has been certified by The Massachusetts Criminal History Systems Board for access to conviction and pending criminal case data. As an applicant/employee for the position of _____ (Hawker Peddler, Second hand Dealer License Pawn Brokers License, Junk Dealer License, or Fortune Teller License), I understand that a criminal record check will be conducted for convictions and pending criminal cases only. This information below is correct to the best of my knowledge.



Applicant Signature

Applicant Information (please Print)

Last Name: _____ First Name: _____ Middle: _____

Maiden Name or Alias (if applicable) _____

Date of Birth: ___ / ___ / ___ Place of Birth: _____ SS#: _____

State Driver's License _____ Hair Color _____ Eye Color: _____

Weight: _____ Height: _____ Home Address: _____

City/Town: _____ State: _____ Zip Code: _____

Requested by: _____

Signature of C.O.R.I Authorized Employee