

COMMONWEALTH OF MASSACHUSETTS
TOWN OF PEMBROKE

APPLICATION FOR A LICENSE OR PERMIT

TO THE LICENSING AND PERMITTING AUTHORITIES:

In accordance with the provisions of the Statutes relating thereto, application for a License or Permit is hereby made by

Name: _____
(full name of **person, firm** or **corporation** making application)

(location and street number of **business** operation in Pembroke)

Request Permit or License to: **MOBILE FOOD VENDOR PERMIT**

CERTIFICATION OF TAX PAYMENT

I CERTIFY UNDER THE PENALTIES OF PERJURY THAT I, TO MY BEST KNOWLEDGE AND BELIEF, HAVE FILED ALL STATE TAX RETURNS AND PAID ALL STATE TAXES REQUIRED BY LAW.

Signature of Individual or Corporate Name
(Mandatory)

By: Corporate Officer (Mandatory, if applicable)

Social Security Number or
Federal Identification Number

Telephone Number

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 or delinquent taxes will be subject to license suspension or revocation. This request is made under the authority of M.G.L. Chapter 62C, Section 49A.

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

cc: Building Dept
Police Dept
Fire Dept

Signature of applicant

Address of applicant

Telephone #

Do Not Write Below This Line

Board of Selectmen Clerk

LICENSE FEE: _____ **APPROVED? YES / NO**

LICENSE DATE: _____

LICENSE # _____

COMMONWEALTH OF MASSACHUSETTS
TOWN OF PEMBROKE

APPLICATION FOR A MOBILE FOOD VENDOR PERMIT

TO THE BOARD OF SELECTMEN:

In accordance with the provisions of the Statutes relating thereto, application for a Permit is hereby made by

Name: _____
(full name of **the Individual** making the application)

(home address of **Individual** making the application)

Request Permit or License to: **OPERATE ON PRIVATE PROPERTY, A
MOBILE FOOD VENDOR'S VEHICLE**

Name of Business: _____

Nature of Business: _____

Is Business owned: Individually _____ Partnership _____ Corporation _____

Days and Hours of Operation: _____

Manager's Name: _____

Manager's Address: _____

Have you ever been convicted of a felony in this state or any other state or territory? _____

Has any license issued to you under the provision of the General Laws ever been suspended or revoked? If so, give particulars: _____

**Any intentional false answers to any of the above questions will be just cause for the
revocation of any licenses issued under the provision of the General Laws, as amended.**

Signature of Applicant

Workers Compensation Insurance Affidavit must be submitted with this application for the application to be considered a complete submission. This permit is not to be construed as permission to conduct vending or sales on Town properties unless otherwise specified.

Do Not Write Below This Line

Approval of:

Building Inspector: _____ **Board of Health:** _____

Town Clerk: _____ **ZBA if necessary:** _____