



## TOWN OF LANCASTER, MASSACHUSETTS

Select Board  
Prescott Building, 701 Main Street, Ste 1  
Lancaster, MA 01523-0293  
Tel: 978-365-3326 Fax: 978-368-8486

Annual License Fee - \$100.00

Selectmen's Office  
Date Received

### APPLICATION FOR LICENSE HAWKER & PEDDLER

New Application \_\_\_\_ Renewal \_\_\_\_

I, the undersigned, duly authorized by the concern herein mentioned, hereby apply for a Hawker-Peddler License, in accordance with the provisions of Chapter 101 of the Massachusetts General Laws, any rules and regulations promulgated thereto, and in accordance with The Town of Lancaster Hawkers, Peddlers and Transient Vendors Bylaw. **A Local License is not required if the Business Entity is already licensed by the Commonwealth of Massachusetts under Section 22 of Chapter 101.**

1. Applicants' full name: \_\_\_\_\_

2. If Applicant is not the owner, list owners' name: \_\_\_\_\_

3. Applicants' Home Address: \_\_\_\_\_

4. Applicants' Tel. No: \_\_\_\_\_ Business Tel. No: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

5. Schedule of Operation (List Months, Days of week, Hours of day): \_\_\_\_\_

6. Type of Sales Conveyance: \_\_\_\_\_

7. Description of goods, wares or merchandise to be sold: \_\_\_\_\_

8. Principal location(s) where vehicle is to be situated (street address, lot number): \_\_\_\_\_

**Note: Transient Vendors may conduct their trade only on property that is business zoned (Lancaster Bylaw).**

9. Has permission been granted from the land owner or abutters (if applicable)? Yes \_\_\_\_\_ No \_\_\_\_\_

*If answered "YES", a copy of the Notarized Permission letter must be submitted with the Application Form.*

10. Have you ever applied for or held a Hawker-Peddler license? \_\_\_\_\_

(Yes or No)

If so, in what Town? \_\_\_\_\_

Did you receive a license? \_\_\_\_\_ If so, what year(s) \_\_\_\_\_

(Yes or No)

The applicant certifies that all state tax returns have been filed and all state and local taxes have been paid as required by law and further agrees to comply with the terms of the License and applicable law, and all rules and regulations promulgated thereto. The Applicant further certifies that the information contained in this application is true and accurate and also authorizes the Licensing Authority or its agents to conduct whatever investigation is necessary to verify the information contained in this application.

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_

Tax ID # \_\_\_\_\_

**License Fee must be submitted with this form. Make check payable to Town of Lancaster. Mail Application Form, Workers' Compensation Affidavit, and check to: Select Board, 701 Main Street, Ste. 1, Lancaster, MA 01523.**

NOTICE: The filing of this application confers no rights on the part of the Applicant to undertake any activities until the license has been granted. The issuance of a license under this section or sections is subject to the Applicant's compliance with all other applicable Federal, State or local statutes, ordinances, bylaws, rules or regulations. The Licensing Authority reserves the right to request any additional information it reasonably deems appropriate for the purpose of determining the terms and conditions of the License and its decision to issue a License. The provisions of G.L. c.152 may require the filing of a Workers' Compensation Insurance Affidavit with this application. Failure to file the Affidavit, along with any other required information and/or documentation, shall be sufficient cause for the denial of the License application.