

**TOWN OF ORLEANS**  
**Application for License**  
**CHRISTMAS TREE SALES**

DATE \_\_\_\_\_

NON-PROFIT  
ORGANIZATION \_\_\_\_\_

LOCAL  
BUSINESS \_\_\_\_\_

TRANSIENT  
VENDOR \_\_\_\_\_

BUSINESS NAME \_\_\_\_\_

*INCLUDE CORPORATE NAME AND D/B/A*

BUSINESS ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

OWNER / MANAGER'S NAME \_\_\_\_\_ PHONE \_\_\_\_\_

ITEMS TO BE SOLD \_\_\_\_\_

LOCATION OF SALE \_\_\_\_\_

*WRITTEN AUTHORIZATION OF PROPERTY OWNER IF APPLICANT IS NOT OWNER*

FIRST DAY OF SALE \_\_\_\_\_ LAST DAY OF SALE \_\_\_\_\_

DAYS AND HOURS OF OPERATION \_\_\_\_\_

**TRANSIENT VENDORS MUST COMPLETE THE BACK SIDE OF THIS APPLICATION.**

**REVIEWED BY BUILDING COMMISSIONER** ON: \_\_\_\_\_

\_\_\_\_\_  
**BUILDING COMMISSIONER'S SIGNATURE**

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 under law.

Your federal ID or Non-Profit 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 delinquency will be subject to license suspension or revocation. This request is made under the authority of Mass. G.L. c. 36C s. 49A.

\_\_\_\_\_  
**SIGNATURE OF APPLICANT**  
**NAME (Mandatory)**

\_\_\_\_\_  
**BY: Corporate Officer**  
**(Mandatory, if applicable)**

\_\_\_\_\_  
**FEDERAL IDENTIFICATION NUMBER OR NON-PROFIT ID #**

List the average quantity and value of stock of the goods (i.e. wreaths, trees, lights, bows, cut greens, laurel, etc.) wares and merchandise kept or intended to be kept or exposed for sale including size and tree height.

<u>ITEM</u>	<u>SIZE/ HEIGHT</u>	<u>NUMBER</u>	<u>RETAIL SALE PRICE</u>

Signed under the pain and penalties of perjury this \_\_\_ Day of \_\_\_\_\_, 20\_\_

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

Sworn to before me and subscribed in my presence this \_\_\_ Day of \_\_\_\_\_, 20\_\_

\_\_\_\_\_. Notary Public  
My Commission Expires: