



# TOWN OF ORLEANS

19 SCHOOL ROAD ORLEANS MASSACHUSETTS 02653-3699

Telephone (508) 240-3700 – Fax (508) 240-3703

<http://www.town.orleans.ma.us>

BOARD OF  
SELECTMEN

TOWN  
ADMINISTRATOR

## TOWN OF ORLEANS Application for License

ONE DAY \_\_\_\_\_

ANNUAL \_\_\_\_\_

### HAWKER'S & PEDDLER'S LICENSE

DATE \_\_\_\_\_

NAME OF APPLICANT: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

BUSINESS NAME: \_\_\_\_\_ SS # or Federal ID # \_\_\_\_\_  
(Include Corporate Name and D/B/A)

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

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

MANAGER: \_\_\_\_\_ PHONE: \_\_\_\_\_

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

MONTH, DAYS & HOURS OF OPERATION: \_\_\_\_\_

LOCATION OF PEDDLER'S UNIT: \_\_\_\_\_

OR in said TOWN OF ORLEANS in accordance with the rules & regulations made under authority of said Statues.

PROPERTY OWNER'S NAME & MAILING ADDRESS:

**A letter from the property owner granting permission of use of property must be attached to this application.**

***ONE DAY APPLICANTS:*** You may have a maximum of four persons selling under this license. Each person must carry a copy of the issued license. Please list names:

\_\_\_\_\_  
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 Social Security number will be furnished to the Massachusetts Department of Revenue to determine whether you have met tax filing or tax obligations. Licensees who fail to correct their non-filing or delinquency will be subject to license suspension or revocation. Their request is made under the authority of M. G. L. c 36C s. 49A.

\_\_\_\_\_  
Signature of Individual  
Name (Mandatory)

\_\_\_\_\_  
By: Corporate Officer or Corporate  
(Mandatory, if Applicable)

**Filing Fee: \$25 | License Fee: \$100 Annual | \$25 One Day**

Paid on \_\_\_\_\_ Check # \_\_\_\_\_