|  |
| --- |
| Office Use Only HPE NO:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Issue Date: \_\_\_\_\_\_\_\_\_\_\_\_\_ Issued By \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |



**COMMONWEALTH OF MASSACHUSETTS**

**DIVISION OF STANDARDS**

**ONE ASHBURTON PLACE RM 1115**

**BOSTON MA, 02108**

**617-727-3480**

 **FEE $2.00**

**Special License Peddler Application**

 (Under the provisions of Chapter 101, General Laws and Amendments and additions thereto.)

**This form of application must be filled out as directed, duly signed, and returned to the Division of Standards with the EXACT FEE and supporting documents, before a license will be issued.**

The form of payment accepted are: CERTIFIED CHECK, REGISTERED CHECK OR MONEY ORDER. Make check payable to the Commonwealth of Massachusetts. **PLEASE NOTE: CASH IS NO LONGER ACCEPTED AS A FORM OF PAYMENT.**

**I, the undersigned, hereby apply for a** **SPECIAL STATE PEDDLER LICENSE.**

**PLEASE PRINT**

TYPE OF GOODS SOLD: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SSN# OR FED ID# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

CITY/TOWN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ STATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ZIP: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE NO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Do you use a motor vehicle? \_\_\_\_\_YES \_\_\_\_\_ NO

 If YES, what is your registration number? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Have you been convicted of any offense against the laws of this state or the ordinances or by laws of any city or town? \_\_\_\_\_\_ YES \_\_\_\_\_ NO
	1. If YES, fully state the nature of the offense, the court where convicted, data of conviction and penalty imposed. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. Have you had a Special License within the last five years? YES \_\_\_\_\_\_\_\_\_ NO \_\_\_\_\_\_\_\_
	1. If YES, what was the license number? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PURSUANT TO MASSACHUSETTS GENERAL LAWS CHAPTER 62C SECTION 49A, I CERTIFY UNDER THE PENALTIES OF PERJURY THAT I, TO THE BEST OF MY KNOWLEDGE AND BELIEF, HAVE FIELD ALL STATE TAX RETURNS AND PAID ALL STATE TAXES REQUIRED UNDER LAW.**

Signature of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CERTIFICATE OF CHARACTER:**

(Must be signed by the Chief of Police of the city or town in which applicant resides.)

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

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Chief of Police Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*Please check with each Community for local rules and regulation pertaining to sales from stationary or fixed locations.**



**Commonwealth of Massachusetts**

**Division of Standards**

**ONE ASHBURTON PLACE, RM 1115**

**BOSTON, MA 02108**

**617-727-3480**

**US Veteran’s Administration Form**

**Report of U.S. Veteran’s Administration on applicant claiming preference as a disabled Veteran.**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Social Security No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Town/City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_ Zip\_\_\_\_\_\_\_\_

The above named applicant has served in the United States Military or the Naval Service, has been disabled in the line of duty during the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ War.

The dates of their service are\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ hereby authorize the release of information to the Massachusetts Director of Standards in order that I may procure a Hawker and Peddler License.

**To be completed by a staff of the Veterans Administration:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby certify that the information provided is accurate and may be used to obtain a Massachusetts State Special Hawker and Peddler License.

**Massachusetts State Veteran Status Eligibility**

**To be eligible for veterans' benefits, one must be a "veteran" or a dependent of a "veteran" under M.G.L. c. 4, sec. 7, cl. 43rd as amended by the Acts of 2005, ch. 130. See below for service requirements and exceptions.**

| **Era of Service** | **Dates** | **Requirement for Veteran Status** |
| --- | --- | --- |
| **WWI**  | 6-Apr-191711-Nov-1918 | **90 days** of active duty service, one (1) day during "wartime" and a last discharge or release under honorable conditions. |
| **PEACETIME**  | 12-Nov-191815-Sep-1940 | **180 days** of regular active duty service and a last discharge or release under honorable conditions. |
| **WWII**(Merchant Marine:7-Dec-1941 through 31-Dec-1946) | 16-Sep-194025-Jul-1947 | **90 days** of active duty service, one (1) day during "wartime" and a last discharge or release under honorable conditions. |
| **PEACETIME**  | 26-Jul-194724-Jun-1950 | **180 days** of regular active duty service and a last discharge or release under honorable conditions. |
| **KOREA**  | 25-Jun-195031-Jan-1955 | **90 days** of active duty service, one (1) day during "wartime" and a last discharge or release under honorable conditions. |
| Korean Defense Service Medal | 28-Jul-1954(to be determined later) | **90 days** of active duty service, last discharge under honorable conditions and the Korean Defense Service Medal. |
| **VIETNAM I**  | 1-Feb-19554-Aug-1964 | **180 days** of regular active duty service and a last discharge or release under honorable conditions. |
| **VIETNAM II**  | 5-Aug-19647-May-1975 | **90 days** of active duty service, one (1) day during "wartime" and a last discharge or release under honorable conditions. |
| **PEACETIME**  | 8-May-19751-Aug-1990 | **180 days** of regular active duty service and a last discharge or release under honorable conditions. |
| Lebanon Campaign\* | 25-Aug-1982(to be determined later) | **90 days** of active duty service, one (1) day during "wartime" and a last discharge or release under honorable conditions. |
| Grenada Campaign\* | 25-Oct-198315-Dec-1983 | **90 days** of active duty service, one (1) day during "wartime" and a last discharge or release under honorable conditions. |
| Panama Campaign\* | 20-Dec-198931-Jan-1990 | **90 days** of active duty service, one (1) day during "wartime" and a last discharge or release under honorable conditions. |
| **PERSIAN GULF**  | 2-Aug-1990(to be determined later) | **90 days** of active duty service, one (1) day during "wartime" and a last discharge or release under honorable conditions. |

\*Naval and Marine DD214 must indicate Expeditionary Medal. All DD214's must specify campaign: Lebanon, Granada, or Panama.

* For **GUARD MEMBERS** to qualify they must have 180 days and have been activated under Title 10 of the U.S. Code **-OR-** Members who were activated under Title 10 or Title 32 of the U.S. Code or Massachusetts General Laws, chapter 33, sections 38, 40, and 41 must have 90 days, at least one of which was during wartime, per the above chart.
* For **RESERVISTS** to qualify, they must have been called to regular active duty, at which point their eligibility can be determined by the above chart.

**\*\*this information was provided from http://www.mass.gov/veterans/state-veteran-status-eligibility.html**