



**COMMONWEALTH OF
MASSACHUSETTS**
DIVISION OF STANDARDS
1000 Washington Street, Suite 510
Boston, MA 02118
617-727-3480

FOR INTERNAL USE ONLY:

LICENSE #: _____

ISSUE DATE: _____

ISSUE BY: _____

FEE \$100.00

APPLICATION FOR TRANSIENT VENDOR'S LICENSE

This application must be filled out as indicated, duly signed, and returned to this office before a license will be issued. In addition to the license fee of \$100, a surety bond in the amount of \$500.00, must be submitted with this application as required by Massachusetts General Law Chapter 101, Section 3.

The forms of payment accepted are personal, business or bank checks, and money order. Please make check or money order payable to: **Commonwealth of Massachusetts.**

To The Director of Standards

I, _____ Residing at _____

In the Town/City of _____ State of _____ Zip _____

hereby apply for a Transient Vendor's License under the provisions of Chapter 101, General Laws, as amended. The names and residences of the owners or parties in whose interest I am to do business under this license are as follows:

If a license is desired for the sale of such goods, wares and merchandise as are mentioned in Section 7, state here the reasons and character of such sale and from whom the goods, wares and merchandise were obtained, the date of delivery to the applicant, the place from where last taken and all details necessary to exactly locate and fully identify all goods, wares and merchandise to be sold.

In case the license herein applied for is issued, I hereby irrevocably appoint the Director of Standards or his successor in office my attorney upon whom may be served all lawful process in any action or proceeding against me growing out of the transaction of business by me within this Commonwealth under such license, as provided in General Laws, Chapter 101, Section 6A (Acts of 1938, Chapter 85) and I agree that process so served if I am notified of the such service as provided by said section shall be of the same legal effect as if served on me personally, and that the mailing by the Director of a copy thereof to me at my last address as appearing on the Director's records shall be sufficient notice to me of such service.

Federal ID Number or Social Security Number: -----

Telephone Number: _____ Date of Birth (MM/DD/YYYY): _____

E-Mail Address: _____

Pursuant to Massachusetts General Law Chapter 62C, Section 49A, I certify under the penalties of perjury that I, to the best of my knowledge and belief, have filed all state tax returns and paid all state taxes required under law.

Signature of Applicant _____ Date _____
Director of Standards