



*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

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: _____ 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.