



Town of Lunenburg

Select Board

17 Main Street • P O Box 135
Lunenburg, Massachusetts 01462
Telephone: 978-582-4144

Hawker-Peddler Application **MGL Ch.101 Section 34**

Name of Applicant Responsible _____

Permanent Street Address of Applicant _____

Phone Number of Applicant Responsible _____

Email Address of Applicant Responsible _____

Name of Employer (if different than applicant) _____

Address of Employer (if different than applicant) _____

List of the Identity of persons and registrations of all motor vehicles to be used to transport goods or persons in engaged in said business: (If more than five persons and vehicles, please use separate piece of paper with the requested information.)

1. _____
2. _____
3. _____
4. _____
5. _____

Please provide a brief description of the goods to be sold and proposed method of operation: _____

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 by law:

Signature of Licensee/Authorized Representative Date

Signature of Corporate Office (Mandatory if app.) Date

*This license will not be issued unless the certification clause is signed by the applicant. Your social security number will be furnished to the MA Dept. of Revenue to determine whether you have met tax filling 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. Ch. 62C s. 49a.

Office Use Only:	
Date received: _____	By: _____ Payment received: _____
Request: <input type="checkbox"/> Approved: Conditions: _____	
<input type="checkbox"/> Denied: _____	
By: _____	Copy sent via (mail)(phone)(fax)(email)(in person)