



FEE: \$5.00

Town of Stoughton

10 Pearl Street – Stoughton, MA 02072 (781) 341-1300

APPLICATION FOR SOLICITORS/TRANSIENT VENDORS/PEDDLAR LICENSE

1. NAME OF APPLICANT: _____
2. DATE OF BIRTH: _____
3. SOCIAL SECURITY NUMBER: _____
4. DESCRIPTION OF APPLICANT (PLEASE PROVIDE 2 PHOTOGRAPHS THAT ARE 2"X2", THESE WILL BE KEPT ON FILE FOR IDENTIFICATION PURPOSES).

AGE: _____ HAIR COLOR: _____ EYE COLOR: _____

HEIGHT: _____ Ft. _____ In. NATIONALITY: _____
(IF NOT US CITIZEN)

5. PERMANENT HOME ADDRESS: _____
6. BRIEF DESCRIPTION OF THE NATURE OF BUSINESS AND GOODS TO BE SOLD AND LOCATION (IF TRANSIENT VENDOR): _____

7. LENGTH OF TIME FOR WHICH THE RIGHT TO DO BUSINESS IS DESIRED:

8. PLEASE STATE NAME AND ADDRESS OF EMPLOYER:

9. IF VEHICLE(S) IS/ARE TO BE USED, PLEASE DESCRIBE:

YEAR: _____ MAKE: _____ MODEL: _____

COLOR: _____ LICENSE PLATE NUMBER: _____

VEHICLE REGISTRATION NUMBER: _____

SIGNATURE OF APPLICANT _____

DATE OF APPLICATION _____

STATE VENDOR/PEDDLARS LICENSE # _____

APPROVED BY SELECTMEN (DATE): _____

(Select Board)

(Select Board)