



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)