

Town of Franklin

355 East Central Street
Franklin, MA 02038



APPLICATION

License Requested: ☐ Transient vendor ☐ Hawker or Peddler

Date: _____

State Vendor License # _____ Attach copies of all state vendor licenses

Applicant Name: _____ Address: _____

Date of Birth: _____ Social Security number: _____

DBA: (If applicable) _____ Attach copy of business certificate.

Corporation Name: (If applicable) _____ Attach copy of Articles of Incorporation

Address: _____ VIN # _____

Selling Location (s) _____

Property Owner Name: _____ Telephone: _____

Address: _____ Attach written permission from property owner

Proposed days and hours of business operation: _____

Detailed description of the wares to be sold: _____

Detailed description of the tent, building, or other structure to be used: _____

If you will be using a tent, signs or banners, check with the Building Department for required permits 508-520-4926.

Type of Motor Vehicle(s) to be used for the business:

Vehicle #1 Year: _____ Make: _____ Model: _____
Plate: _____ State: _____

Vehicle #2 Year: _____ Make: _____ Model: _____
Plate: _____ State: _____

Will you have employees working for you? ☐ Yes - also complete supplemental application ☐ No

I hereby state that all information provided on this and supplement application is true and accurate.

Applicant signature: _____

The Town Administrator's office upon receipt will forward copies of all applications to the following departments for their review and recommendations.

The **Police Chief** (508-528-1212) shall examine into the character and reputation of each person named in the application to determine if said applicant shall be a person of good repute as to morals and integrity. The Police Chief shall review and examine each location proposed to be used for the sale of goods, wares or merchandise and the hours designated for such operation to determine if, in his opinion, any public safety hazard would exist by reason of the location, the hours of operation or the nature of the goods, wares or merchandise to be sold.

The **Fire Chief** (508- 528-2323) shall review and examine each location proposed to be used for the sale of goods, wares or merchandise and the hours designated for such operation to determine if, in his opinion, any public safety hazard would exist by reason of the location, the hours of operation or the nature of the goods, wares or merchandise to be sold.

The **Building Commissioner/Zoning Officer** (508-520-4926) shall examine and review each location proposed to be used, the hours designated for such operation and the nature of the goods, wares or merchandise to be sold to determine if, in his opinion, such are in conformity with the Zoning Bylaws and the Building Codes.

The **Board of Health** (508-520-4905) (if foods or beverages) shall review and examine each location proposed to be used for the sale of goods, wares or merchandise, the hours designated for such operation and the nature of the goods, wares or merchandise to be sold to determine their conformity with the provisions of the State Sanitary Code and any local regulations of the Board of Health.

The **Treasurer's Office** (508- 520-4950) shall examine their records to see that all taxes and fees due to the Town of Franklin are up to date for both the applicant and owner of property to be used for selling.

Each of Department shall make whatever recommendations it deems necessary to the **Town Administrator's office** (508-520-4949) after review of such application, recommending such measures or restrictions on the issuance of any license as may be necessary to protect the public peace, health, safety or general welfare of the community.

DEPARTMENT NAME: _____

Signoff: ☐ **Yes** ☐ **No** _____

Official's Signature: _____

LICENSE ☐ **APPROVED – Condition (s)** _____

☐ **DECLINED – Reason (s)** _____

TOWN ADMINISTRATOR SIGNATURE: _____