## TOWN OF BARNSTABLE

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

PERMITTING AUTHORITY USE ONLY

Permit Number

Date Issued

Expiration Date

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

Permit Issued by the Chief of Police

1200 Phinney’s Lane

Hyannis, Massachusetts 02601 Records Div PH (508)775-5466

Records Div FAX (508)790-0062

### \*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*PERMITTING AUTHORITY USE ONLY\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

It is the responsibility of the permitting authority to ensure that the identity of the new/renewal applicant is true and accurate and in the case of a renewal, that the applicant is linked to the original tracking number. The permitting authority shall only issue permits after conducting a criminal background investigation into the criminal history of an applicant to determine eligibility for a new permit or a renewal. All applications must be accompanied by a copy of an applicant’s fingerprints and applicable fees.

# APPLICATION FOR PERMIT TO ENGAGE IN HAWKING/PEDDLING/DOOR-TO-DOOR SALES

**Pursuant to M.G.L. Chapter 101 & TOB Ordinance Chapter 150**

**\*\*THIS APPLICATION MUST BE COMPLETED FULLY\*\***

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| --- | --- |
| **Name:****Street Address:** | **Phone:** **Cell:****Email:** |
| **City/Town:** | **MA** | **ZIP:** | **Date of Birth:****Social Security #:** |
| **Please Check One:** **NEW APPLICANT** **RENEWAL** MOST RECENT HAWKER/PEDDLER/DOOR-TO-DOOR PERMIT NUMBER:ISSUED FROM WHICH CITY/TOWN?, MAEXPIRATION DATE: **PLEASE ANSWER THE FOLLOWING QUESTIONS COMPLETELY AND ACCURATELY.**1. **Have you ever used or been known by another name? □YES □NO If YES, provide name and explanation:**
2. **Are you a sex offender, as defined by Section 178(c) of Chapter 6 of the General Laws? □YES □NO**
3. **Are there currently any sex offense charges pending against you? (All sex offenses are identified in Section 178(c) of Chapter 6 of the General Laws) □YES □NO**
4. **If you answered YES to Questions 2 and/or 3, please provide explanation:**
 |
| **PLEASE ATTACH A COPY OF THE APPLICANT’S FINGERPRINTS TO THIS APPLICATION. UPON RECEIPT OF THIS APPLICATION, THE PERMITTING AUTHORITY (LOCAL MUNICIPALITY) SHALL CONDUCT AN INVESTIGATION INTO THE CRIMINAL HISTORY OF THE APPLICANT TO DETERMINE ELIGIBILITY.** |
| **Signature:** | **Date:** |

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| --- |
| **\*\*\*\*OFFICE USE ONLY\*\*\*\*****License Approved: □YES □NO** **Signature of Licensing Authority Date** |

The permit shall be furnished immediately upon request.

For additional information please visit the Department of Public Safety’s website at [www.mass.gov/dps](http://www.mass.gov/dps)