



**CITY OF SALEM, MASSACHUSETTS
LICENSING BOARD**

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**CITY OF SALEM
STREET PERFORMER APPLICATION
"2009"**

PLEASE TYPE OR PRINT CLEARLY

NAME:

HOME ADDRESS:

Street:
City:
State:
Zip:

HOME TELE #:

D.O.B.:

PLACE OF BIRTH:

OCCUPATION:

EMPLOYER:

LOCATION FOR PERFORMING:

WHAT WILL YOUR PERFORMANCE CONSIST OF:

FEE: \$ 5.00 PER YEAR

EXPIRES: MARCH 31, 2010

STREET PERFORMERS ARE NOT GIVEN A SPECIFIC LOCATION, IF YOU ARE IN A VENDOR'S SPOT YOU WILL BE ASKED TO MOVE.

BOARD OF PROBATION INQUIRY REQUEST FOR CRIMINAL RECORD STREET PERFORMER

PLEASE PRINT LEGIBLY

FIRST NAME _____ MIDDLE NAME _____ LAST NAME _____

CURRENT TELE # _____

MAIDEN NAME: (if applicable) _____

ADDRESS _____

DATE OF BIRTH _____ PLACE OF BIRTH _____

SOCIAL SECURITY # _____

SEX _____ HEIGHT: ___ft ___in WEIGHT: ___lbs COLOR OF EYES _____

COLOR OF HAIR _____

CITIZENSHIP _____ DATE OF NATURALIZATION (if applicable) _____

MARRIED _____ SINGLE _____ WIDOW _____ WIDOWER _____ DIVORCED _____

RACE _____

OTHER NAMES USED _____

FATHER'S FULL NAME _____

FATHER'S COUNTRY OF BIRTH _____

MOTHER'S FULL MAIDEN NAME _____

MOTHER'S COUNTRY OF BIRTH _____

WIFE'S FULL MAIDEN NAME OR HUSBAND'S FULL NAME _____

ADDRESS _____

WHAT WILL YOUR PERFORMANCE CONSIST OF?

SIGNATURE _____