



CITY OF SALEM, MASSACHUSETTS

LICENSING BOARD

100 MARKET STREET
SALEM, MASSACHUSETTS
01970-2000
TEL: 978-744-6775

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**VENDOR APPLICATION
"2008"**

PLEASE TYPE OR PRINT CLEARLY

NAME:

HOME ADDRESS:

street
city
state
zip

HOME TELE #

D.O.B.

PLACE OF BIRTH:

OCCUPATION:

EMPLOYER:

SOCIAL SECURITY #

TAX ID #

LOCATION FOR VENDING:

DATES:

ITEMS TO BE SOLD:

FEE: \$185.00 PER DAY – PER LOCATION

All applicants must supply liability insurance, the insurance must state that the City of Salem is listed as an additional insured.

All Licensees must dispose of their own trash, the City receptacles are not to be used.

BOARD OF PROBATION INQUIRY REQUEST FOR CRIMINAL RECORD

PLEASE PRINT LEGIBLY

FIRST NAME _____ MIDDLE NAME _____ LAST NAME _____

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 _____