



\$25 FEE

CITY OF FITCHBURG

City Clerk's Office

Application for License to Peddle in Fitchburg

Use this application only if you do NOT already have a State Peddler's License

PLEASE ANSWER EVERY QUESTION

Full Name _____

Current residential street address _____

City and state of residence _____

Birthplace _____

Are you a citizen of the United States? Yes _____ No _____

Age _____ Height _____ Weight _____

Hair Color _____ Eyes Color _____

Describe the items you will be selling:

Will you be using a motor vehicle to peddle? If YES, please provide:

Make and model of car _____ License Plate# _____

Pursuant to MGL Ch. 62C, s. 49A, I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid all state taxes required under law.

Email Address

Phone Number

Signature

Date

You must complete a CORI request form and submit with this application.



CITY OF FITCHBURG
Massachusetts

OFFICE OF THE CITY CLERK

Joanna Bilotta-Simeone
City Clerk

718 Main Street
Fitchburg, MA 01420

Telephone: (978) 829-1820
Fax: (978) 829-1964

CORI REQUEST FORM

The City Clerk has been certified by the Criminal History Systems Board for access to conviction and pending criminal case data. As an applicant/employee for _____, I understand that a criminal record check will be conducted for conviction and pending criminal case information only and that it will not necessarily disqualify me. The information below is correct to the best of my knowledge.

Applicant/Employee Signature

APPLICANT/EMPLOYEE INFORMATION (PLEASE PRINT)

LAST NAME

FIRST NAME

MIDDLE NAME

MAIDEN NAME OR ALIAS (IF APPLICABLE)

PLACE OF BIRTH

DATE OF BIRTH

SOCIAL SECURITY NUMBER

ID Theft Index PIN*
(if applicable)

MOTHER'S MAIDEN NAME

CURRENT AND FORMER ADDRESSES:

SEX: _____ HEIGHT: ___ ft. ___ in. WEIGHT: _____ EYE COLOR: _____

STATE DRIVER'S LICENSE NUMBER: _____
(Include state of issue)

***THE ABOVE INFORMATION WAS VERIFIED BY REVIEWING THE FOLLOWING FORM OF
GOVERNMENT ISSUED PHOTOGRAPHIC IDENTIFICATION _____

REQUESTED BY: _____
SIGNATURE OF CORI AUTHORIZED EMPLOYEE

*The CHSB Identify Theft Index PIN Number is to be completed by those applicants that have been issued an Identity Theft Index PIN Number by the CHSB. Certified agencies are required to provide all applicants the opportunity to include this information to ensure the accuracy of the CORI request process.

All CORI request forms that include this field are required to be submitted to the CHSB via mail or by fax to 617-660-4614.



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AUTHORITY FOR RELEASE OF INFORMATION

I, _____ do hereby authorize a review of and full disclosure of all records including driving records, or any part thereof, concerning myself, by and to the City Clerk for the City of Fitchburg, whether said records are public, private or confidential in nature.

The intent of this authorization is to provide full and free access for the specific purpose of providing pertinent data to the City Clerk to determine my suitability to be granted a License or Permit. This information may include but not be limited to a C.O.R.I., Criminal or Civil claims or suits and credit reports.

I agree to indemnify and hold harmless the City Clerk, its agents and employees from any action, claim, suit, demand or damages in relation to such matters. I further understand that the sources of confidential information cannot be revealed to me.

A photocopy, fax, or e-mail of this form will be valid as an original even though they do not contain an original writing of my signature.

MUST BE SIGNED IN THE PRESENCE OF A NOTARY

Signature _____

Subscribed and sworn before me this _____ day of _____ year _____

My commission expires _____ year _____

Notary: _____