

**City of Lawrence
Office of the City Clerk**

ICE CREAM TRUCK VENDOR LICENSE APPLICATION INSRUCTIONS
[Ice Cream Truck Vendors ONLY]

1. _____ Obtain a current Business Certificate issued by the City of Lawrence if you do not already have one. Business Certificate application must be submitted to the Office of the City Clerk [See, G.L. c. 110, sec. 5];
2. _____ Contact the Lawrence Police Department, 90 Lowell Street, Lawrence, MA [978-794-5900 EXT 584], to obtain a Public Safety review. Provide a copy of the completed application form to the Lawrence Police Department to obtain a PERMIT NUMBER [to be assigned by the Lawrence Police]. The Lawrence Police will conduct and complete a Public Safety Review which may include, without limitation: a CORI review and fingerprinting. Obtain two (2) photographs of the applicant [approximately 2" X 2" in size] – one copy to be provided to the Lawrence Police Department and one copy to be submitted to the Office of the City Clerk.
3. _____ Contact the Lawrence Fire Department, 65 Lowell Street, [978-620-3400] to complete a Fire Safety Inspection. A report from the Lawrence Fire Department must be received before the license may be issued – verification by the Fire Department that the vendor is not using flammables or electric service is required before issuing a license;
4. _____ **ICE CREAM TRUCK VENDORS: Must file a completed "Food Vendor" authorization BEFORE the license will issue;**
5. _____ A Tax Verification Form and release from applicable City Departments is required before a license may issue[attached][See; Ord. Secs. 3.08.110, 5.04.080, and G.L. c..40, Sec 57];
6. _____ A completed Tax Assessment from the Tax Assessor's Office, 200 Common Street, Lawrence, MA. The Tax Assessor [Tax Assessment form is attached for use][See, City Ord. Sec. 5.52.050];
7. _____ Once all information is completed, bring the completed application to the Office of the City Clerk to obtain a date for hearing before the Lawrence City Council. [See, Ord. Sec. 5.52];
8. _____ Upon approval by the City Council, the license is available upon payment of the amount assessed by the Tax Assessor [See, City Ord. Sec. 5.52.050];

**THIS LICENSE EXPIRES ON DECEMBER 31ST AND WILL NOT
RENEW WITHOUT FURTHER APPLICATION**



City of Lawrence Office of the City Clerk

CITY COUNCIL DOC # _____

TRANSIENT VENDOR LICENSE APPLICATION & PETITION

[Ice Cream Truck Vendors ONLY]

[G.L. c. 270, sec. 5 and 520 CRM 15.00 et. seq.]

(PLEASE PRINT OR TYPE)

Date: _____

Applicant [name]: _____

Date of Birth: _____ Place of Birth: _____

Home Address: _____ City _____ State _____

Home Tel. Num: _____ Fax Number: _____ E-Mail _____

Business Name: _____

Bus. Address: _____ City _____ State _____

Bus. Tel. Num: _____ Fax Number: _____ E-Mail _____

Name of Business Owner: _____

Address of Bus. Owner: _____ City _____ State _____

Bus. Owner Tel: _____ Fax Number: _____ E-Mail _____

Are you incorporated [YES/NO]

IF YES, ATTACHED A COPY OF A CURRENT CERTIFICATE OF GOOD STANDING ISSUED BY THE SECRETARY OF THE COMMONWEALTH OF MASSACHUSETTS.

Please provide a description of the method of sales to be used [ie: door-to-door sales, street vending, etc]:

Description of goods or items for sale: _____

Average value of inventory: \$ _____

Hours & Days of Operation: _____

USE OF FLAMMABLES OR ELECTRICAL SERVICE:

Will your operation involve the use of Flammables or Electric Service of any kind: [YES/NO]

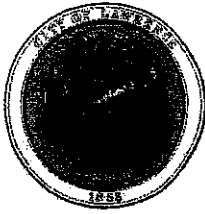
***FIRE DEPARTMENT INSPECTION AND APPROVAL IS REQUIRED EVEN IF FLAMMABLES OR ELECTRICAL SERVICES ARE NOT IN USE;**

*** USE OF MULTIPLE VEHICLES OR VENDING STATIONS REQUIRES A SEPARATE APPLICATION FOR EACH VEHICLE OR VENDING STATION IS REQUIRED.**

***ATTACH A COPY OF PERMIT FORM ISSUED BY THE LAWRENCE POLICE DEPARTMENT**

***APPLICANT IS RESPONSIBLE TO OBTAIN ANY ADDITIONAL LICENSE(S) AS MAY BE REQUIRED**

***LICENSE THAT ISSUE ARE NON-TRANSFERRABLE AND NOT TO BE DUPLICATED.**



City of Lawrence
Lawrence Police Department
 90 Lowell Street
 Lawrence, Massachusetts
 tel: 978-794-5900/fax: 978-794-5915

PERMITTING AUTHORITY USE ONLY	
PERMIT NUMBER:	_____
DATE ISSUED:	_____
EXPIRATION DATE:	_____

*****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 two current photographs.

APPLICATION FOR PERMIT TO ENGAGE IN ICE CREAM TRUCK VENDING
Pursuant to G.L. c. 270 §25 and 520 CMR 15.00 et seq. (as amended)
THIS APPLICATION MUST BE FULLY COMPLETED

Name of Applicant:		Phone:	Cell:
Street Address:		Email address:	
City/Town:	MA	ZIP:	Date of Birth:
			Social Security Number:
Please Check One: <input type="checkbox"/> NEW APPLICANT <input type="checkbox"/> RENEWAL MOST RECENT ICE CREAM TRUCK VENDING PERMIT NUMBER: _____ ISSUED FROM WHICH CITY/TOWN? _____, MA EXPIRATION DATE: _____			
PLEASE ANSWER THE FOLLOWING QUESTIONS COMPLETELY AND ACCURATELY.			
1. Have you ever used or been known by another name? 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?			
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)			
4. If you answered yes to Questions 2 or 3, please provide explanation:			
PLEASE ATTACH A COPY OF A CURRENT PHOTOGRAPH TO THIS APPLICATION. A COPY OF THE APPLICANT'S FINGERPRINTS IS ALSO REQUIRED. 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:	

CITY OF LAWRENCE – POLICE DEPARTMENT – DO NOT WRITE IN THIS SECTION	
PERMIT APPROVED BY: _____	
PERMITTING AUTHORITY: LAWRENCE POLICE DEPARTMENT	
DATE APPROVED: _____	

The permit shall be conspicuously displayed and clearly visible on the windshield of any ice cream truck operated or from which ice cream or any other prepackaged food product is sold.
 For additional information please visit the Department of Public Safety's website at www.mass.gov/dps



Lawrence Police Department

90 Lowell Street
Lawrence, MA 01840

Telephone: (978) 794-5900

Fax: (978) 794-5915

FINGERPRINTING CORI LAWRENCE POLICE DEPARTMENT

DATE: ____ / ____ / ____

Applicant's Name: _____

All vendors and employees operating under this license must be fingerprinted and obtain a CORI review by the Lawrence Police Department

----- FOR POLICE OFFICAL USE ONLY -----

Please check all that apply

- A Public Safety Review has been completed on the applicant and each employee identified by the applicant for this license.
- CORI Review of applicant and each employee completed.
- Fingerprints for applicants and each employee competed.
- Other: _____

THE FOLLOWING FEES MUST BE COLLECTED IN A FORM OF MONEY ORDER ONLY

A MONEY ORDER in the amount of \$30.00 Date collected: ____ / ____ / ____
Payable to: COMMONWEALTH OF MA

Public Safety Review Fee of \$70.00 Date collected: ____ / ____ / ____
Payable to: THE CITY OF LAWRENCE

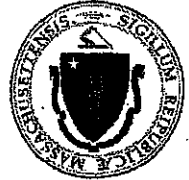
APPLICATION: APPROVED DENIED

COMMENTS:

Authorized by: _____

Lawrence Police Department Representative

DATE: ____ / ____ / ____



CRIMINAL OFFENDER RECORD INFORMATION (CORI) PERSONAL REQUEST FORM

Use this form only for requesting your own CORI. A bank check or money order for \$25.00 must be submitted with this form. Please note: this is a multi-page request form. Incomplete request forms will not be processed. Requests must be mailed, along with the accompanying payment or indigency waiver, to the address provided above, ATTN: CORI Unit.

Request Type Details

*Are you applying for an indigency waiver? Yes No

If you are applying for an indigency waiver, please go to www.mass.gov/courts/formsandguidelines/aff_indigency.pdf to download the waiver form. You must submit the waiver with the completed application.

If you require a certified copy of your CORI, please check this box.

Requestor Details

Please complete this section using your information. A red asterisk (*) denotes a required field.

*First Name	<input type="text"/>	*Last Name	<input type="text"/>
Middle Initial	<input type="text"/>	Suffix	<input type="text"/>
		*Date of Birth	<input type="text"/>
*Last 6 digits of Social Security number	<input type="text"/>	<input type="checkbox"/> I do not have a Social Security number	
*Mailing Address		Street 2	<input type="text"/>
Street 1	<input type="text"/>	(Apt, Suite, Bldg)	
City/Town	<input type="text"/>	State	<input type="text"/>
		Zip	<input type="text"/>
Phone	<input type="text"/>	Ext.	<input type="text"/>
		Email	<input type="text"/>

Personal CORI Request Authorization

I hereby swear, under the penalties of perjury, that the information I have provided above is true to the best of my knowledge and belief.

Signature of individual named in criminal record

Date

Authentication of Signature By Notary Public or Correctional Facility

On this ____ day of _____, 20__, before me, the undersigned notary public, personally appeared _____ (name of document signer), proved to me through satisfactory evidence of identification, which were _____, to be the person whose name is signed on the preceding or attached document, and acknowledged to me that (he) (she) signed it voluntarily for its stated purpose.

Notary Public

Correctional Facility Official (give rank and title)

My Commission Expires

Correctional Facility Address and Phone

**For additional forms or information, contact
the Department of Criminal Justice Information Services (DCJIS):**

CONTACT INFORMATION

Department of Criminal Justice Information Services (DCJIS):
200 Arlington Street
Suite 2200
Chelsea, MA 02150

Main Phone: (617) 660-4600
Fax: (617) 660-4613
TTY: (617) 660-4606

Web Site Access: <http://www.mass.gov/eopss/agencies/dcjis/>



City of Lawrence

PLACE PHOTO HERE

PERMITTING AUTHORITY USE ONLY

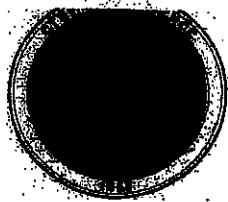
PERMIT NUMBER: _____
DATE ISSUED: _____
EXPIRATION DATE: _____
ISSUING OFFICER INITIALS: _____

Permit issued by:
Lawrence Police Department
90 Lowell Street
Lawrence, Massachusetts
tel: 978-794-5900
fax: 978-794-5915

ICE CREAM TRUCK - VENDING PERMIT

VENDOR NAME	VENDOR ADDRESS

**THIS PERMIT SHALL BE CONSPICUOUSLY DISPLAYED
AND CLEARLY VISIBLE ON THE WINDSHIELD OF THE
OPERATING VEHICLE**



Commonwealth of Massachusetts
City of Lawrence

In conformity with the provisions of chapter 110, Section 5 of the General Laws and Amendments thereto notice is hereby given that the business of

_____ (NAME OF BUSINESS)

is located at [address] _____ in Lawrence Mass, by the following person (s), entity, partnership, or corporation. [(tel): _____] [e-mail address: _____];

BUSINESS OWNER'S FULL NAME (S):

BUSINESS OWNER 'S ADDRESS (ES):

SIGNATURE(S):

Subscribed and sworn to before me at _____ AM / PM on (DATE) _____ 20 _____

- NEW.....()
- AMENDED.....()
- WITHDRAWAL.....()
- RENEWAL.....()

CITY CLERK - ASSISTANT CITY CLERK
DESIGNATED CLERK - NOTARY PUBLIC

Received at the City Clerk's Office _____ 20 _____ At _____ AM / PM.

Zoning Approval _____ DATE _____ 20 _____
BUILDING INSPECTOR

THIS CERTIFICATE IS ISSUED IN ACCORDANCE WITH THE PROVISIONS OF CHAPTER 337 OF THE ACTS OF 1985 AND CHAPTER 110, SECTIONS 5 & 6 OF THE GENERAL LAWS.

CERTIFICATE EXPIRES _____ (FOUR YEARS FROM DATE FILED)

BOOK _____ PAGE _____



CITY OF LAWRENCE LICENSE APPLICATION

POLICE PERMIT NUMBER:

[TAX ASSESSMENT AND VERIFICATION FORM]
CITY ORDINANCE: 3.08.110 AND 5.04.080 & MGL C.40, SEC 57
COMPLIANCE LIST

ALL PAYMENTS REQUIRED BEFORE ISSUANCE OF PERMITS OR LICENSES
(Please print)

Name of Applicant

Applicant's current Address

Applicant's Telephone No.

City State, Zip

Property Owner's Name

Property Owner's Address

Owner's Telephone No.

City State, Zip

DO YOU OWN OTHER PROPERTIES IN THE CITY OF LAWRENCE? YES NO
Please list below

List of Applicant's Other Properties *(Must attach Assessor's print out of all applicant's properties)*

Address Map and Lot

Address Map and Lot

Address Map and Lot

More space needed - *See attached list. Attachment must be signed and dated and stamped by City departments*

Applicant's Signature

I declare under the pains and penalties of Perjury that the statements made on this application are true and correct. I also certify that all information herein is true and complete. I understand that any misleading or incorrect statements render this application void and can be grounds for revocation of permit or license. I have not knowingly and willfully made false statements or included false documents in support of this application or permit

POLICE PERMIT NUMBER: _____

Tax Collector's Staff Name

Signature Date

Tax Collector's Stamp

[Empty stamp box]

(Taxes
Demolition
Liens)

Water Department's Staff Name

Signature Date

Water Department's Stamp

[Empty stamp box]

(Water &
Sewer)

Inspectional Services Staff Name

Signature Date

Inspectional Services' Stamp

[Empty stamp box]

(Trash
Tickets,
etc...)

This sign off list must be attached to all permits or license applications.

All sign off must include department stamps, signatures and dates.

PHOTOCOPIES WILL NOT BE ACCEPTED.

Lawrence City Ordinance 3.08.110- Payments due prior to issuance of licenses or permits.

A. The city shall deny any application for and shall revoke or suspend any license or permit, including renewals and transfers, issued by any board, officer or department for any person, corporation or business enterprise who has neglected or refused to pay any local taxes, fees, assessments, betterments or any other municipal charges, or with respect to any activity, event or other matter which is the subject of such license or permit and which activity, event or matter is carried out or exercised on or about real estate whose owner has neglected or refused to pay any local taxes, fees, assessments, betterments or any other municipal charges.

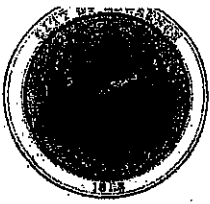
B. This section shall be administered in accordance with General laws, chapter 40, section 57, as amended from time to time.
(Ord. dated 8/2/95: prior code § 25-11)

Lawrence City Ordinance 5.04.080 - Denial, revocation, or suspension of licenses and permits for failure to pay municipal taxes or charges.

A. The tax collector shall annually furnish to each department, board, commission or division, hereinafter referred to as the licensing authority, that issues licenses or permits including renewals and transfers, a list of any person, corporation, or business enterprise, hereinafter referred to as the party, that has neglected or refused to pay any local taxes, fees, assessments, betterments or other municipal charges for not less than a 12-month period, and that such party has not filed in good faith a pending application for an abatement of such tax of a pending petition before the appellate tax board.

B. The licensing authority may deny, revoke or suspend any license or permit, including renewals and transfers of any party whose name appears on said list furnished to the licensing authority from the tax collector or with respect to any activity, event or other matter which is the subject of such license or permit and which activity, event or matter is carried out or exercised or is to be carried out or exercised on or about real estate owned by any party whose name appears on said list furnished to the licensing authority from the tax collector, as required by applicable provisions of law, and the party is given a hearing, to be held not earlier than 14 days after said notice. Said list shall be prima facie evidence for denial, revocation or suspension of said license or permit to any party. The tax collector shall have the right to intervene in any hearing conducted with respect to such license denial, revocation or suspension. Any findings made by the licensing authority with respect to such license denial, revocation or suspension shall be made only for the purposes of such proceeding and shall not be relevant to or introduced in any other proceeding at law, except for any appeal from such license denial, revocation or suspension. Any license or permit denied, suspended or revoked under this section shall not be reissued or renewed until the license authority receives a certificate issued by the tax collector that the party is in good standing with respect to any and all local taxes, fees, assessments, betterments or other municipal charges, payable to the municipality as the date of issuance of said certificate. Ord. dated 5/3/05)

Massachusetts General Laws (MGL) Ch 40, Section 57. - For full language of this law visit <http://www.malegislature.gov/Laws/Search>.



**City of Lawrence
Office of the City Clerk**

CITY COUNCIL DOC # _____

**TRANSIENT VENDOR LICENSE
FIRE DEPARTMENT SAFETY REVIEW
[Transient Vendor ONLY]
[City Ordinance Sec. 5.52]**

Applicant Name: _____
(please print or type)

FIRE DEPARTMENT USE ONLY

DATE OF INSPECTION: _____

(please check all that apply)

- FLAMMABLES AND ELECTRICAL SERVICE NOT IN USE-VERIFIED BY INSPECTION;
- APPROVED FLAMMABLE INSPECTION;
- APPROVED ELECTRICAL INSPECTION;
- SAFETY INSPECTION FAILED [PLEASE STATE REASON(S) BELOW];

COMMENTS: _____

AUTHORIZATION:

Authorized Lawrence Fire Department Official

date



**City of Lawrence
Office of the City Clerk**

CITY COUNCIL DOC # _____

**TRANSIENT VENDOR LICENSE
FIRE DEPARTMENT SAFETY REVIEW
[Transient Vendor ONLY]
[City Ordinance Sec. 5.52]**

Applicant Name: _____
(please print or type)

INSPECTIONAL SERVICES USE ONLY

DATE OF REVIEW: _____

(please check all that apply)

- All necessary Food Permits and inspections have been completed AND approved;
- Additional Inspections required;

COMMENTS: _____

AUTHORIZATION:

Authorized Inspectional Services Official

date



City of Lawrence

CITY COUNCIL DOC# _____

Office of the City Clerk

TRANSIENT VENDOR LICENSE

TAX ASSESSOR APPROVAL FORM

[Transient Vendor - Ice Cream Truck Vendor]

[City Ordinance Sec. 5.52]

Applicant Name: _____
(please print or type)

TAX ASSESSOR USE ONLY

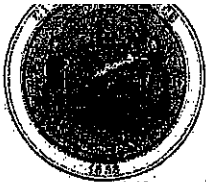
The City Tax Assessor has reviewed the average value of the goods/inventory offered for sale by the petitioner as stated by the petition and sets the tax assessed to be in the amount of \$ _____. [not less than \$50.00][Sec; Ord. Sec. 5.52.050].

***FEE TO BE COLLECTED BY CITY CLERK UPON ISSUANCE OF LICENSE.**

Tax Assessor/Staff

date

COMMENTS: _____



**City of Lawrence
Office of the City Clerk**

TRANSIENT VENDOR LICENSE - CITY CLERK'S REVIEW

Applicant Name: _____

----- **CITY CLERK'S OFFICE USE ONLY** -----

CHECK EACH ITEM AS COMPLETED:

- 1. _____ **Current Business Certificate [G.L. c. 110, sec. 5];**
- 2. _____ **Public Safety review completed – LPD authorized;**
- 3. _____ **ICE CREAM TRUCK VENDORS: Must file a completed “Food Vendor” authorization BEFORE the license will issue;**
- 4. _____ **Tax Assessor Review of Inventory in an amount of no less than \$50.00 [due upon issuance of license];**
- 5. _____ **Tax Assessment Verification form has been completed;**
- 6. _____ **SCHEDULE THE APPLICANT FOR HEARING BEFORE CITY COUNCIL [Ord. Sec. 5.52 and G.L. c. 101, sec. 3] - [doc. # _____];**

PRIOR TO ISSUING THE LICENSE

- 7. _____ **Tax Assessment due [City Ord. Sec. 5.52.050][NO LESS THAN \$50.00];**
- 8. _____ **Current Photo of License Holder to be attached to the license issued;**
- 9. _____ **Inform Applicant that each license issued [expires December 31st each year regardless of date of issuance [See G.L. c. 101. sec. 5];**
- 10. _____ **FAX/E-MAIL A COPY OF THE LAWRENCE POLICE DEPARTMENT;**

Office of the City Clerk – Staff Initials

date