



## CITY OF PITTSFIELD

Licensing Board, City Hall, 70 Allen Street, Room 103,  
Pittsfield, MA 01201, (413) 499-9363 Fax (413) 499-9463

### Instructions for completing application:

**TYPE OF LICENSE: TRANSIENT VENDOR**

A copy the City's ordinance regulating Transient Vendors is attached. You should familiarize yourself with the regulations. In addition, licenses can only be issued in the name of a person and that person is the only person that can sell under that license. The following is required before an application can be considered:

### **Applications submitted without all the required documentation will not be accepted.**

- \_\_\_ Applicant must possess a valid State Transient Vendor License issued by the Commonwealth of Massachusetts. Attach a copy of said license to this application.
- \_\_\_ Applicant must proceed to all departments listed on the bottom of this application to receive all the necessary approvals.
- \_\_\_ If approved, a fee of \$300.00 in the form of a bank certified check or money order must be paid before the license will be issued.
- \_\_\_ Proof of workmen's compensation must be submitted when picking up the license.

FEE: \$300.00 – Make checks payable to the City of Pittsfield

*License period runs date of issue to December 31*



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### APPLICATION FOR A TRANSIENT VENDOR LICENSE

(License to be posted or made available at event premise)

#### Event Information:

Event Name: \_\_\_\_\_ Event Producer: \_\_\_\_\_  
Address: \_\_\_\_\_  
Starting Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Time: \_\_\_\_/\_\_\_\_/\_\_\_\_ AM / PM  
Starting Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Time: \_\_\_\_/\_\_\_\_/\_\_\_\_ AM / PM  
Total Attendance Expected: \_\_\_\_\_ Rain Plan: \_\_\_\_\_  
Description of the event:: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### Business Owner Information:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Daytime Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_  
Website: \_\_\_\_\_  
State Transient Vendor License #: \_\_\_\_\_ Expiration date: \_\_\_\_\_  
FID or SSN#: \_\_\_\_\_  
**(COPY OF STATE TRANSIENT VENDOR LICENSE MUST BE SUBMITTED WITH APPLICATION)**

THE ISSUANCE OF A LICENSE HEREIN IS BASED IN PART FROM THE PRESENTATION CONTAINED IN THE APPLICATION.  
ANY MISREPRESENTATION MAY BE CAUSE FOR REVOCATION BY THE LICENSING AUTHORITY.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*I hereby swear under the pains and penalties of perjury that the information I have given is true to the best of my knowledge and belief.*

**Review & Submission for Sign-offs Provided by Departments**  
*Please note - Departments may provide additional comments below their sign-off*

*Licensing Board* \_\_\_\_\_ *Date:* \_\_\_\_\_

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*Health Department* \_\_\_\_\_ *Date:* \_\_\_\_\_

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*Department of Public Utilities* \_\_\_\_\_ *Date:* \_\_\_\_\_

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*Building Inspections* \_\_\_\_\_ *Date:* \_\_\_\_\_

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*Fire Department* \_\_\_\_\_ *Date:* \_\_\_\_\_

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*Police Department* \_\_\_\_\_ *Date:* \_\_\_\_\_

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**# of Officers** *(if applicable)* \_\_\_\_\_





**TO: PROSPECTIVE BIDDERS, PROVIDER OF GOODS, SERVICES, REAL ESTATE SPACE, LICENSES AND CONTRACTORS**

**FROM: CITY OF PITTSFIELD**

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**Chapter 233 (sections 35 and 36) of the Acts and Resolves of 1983 enacted the Revenue Enforcement Program effective July 1, 1983. One aspect of the law requires providers of goods and/or services to attest under the penalty of perjury that he/she is in compliance with all laws of the Commonwealth relating to taxes.**

**To comply with this requirement, please sign the form below and return to the Pittsfield Licensing Board.**

**Any person failing to sign the attestation clause shall not be allowed to obtain, renew, or extend a license, permit or contract.**

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**Pursuant to M.G.L. Chapter 62C, Section 49A, I certify under the penalties of perjury that I, to the best of my knowledge and belief, have filed all state tax returns and paid all state and local taxes required under the law.**

\_\_\_\_\_  
Social Security Number or  
Federal Identification Number

\_\_\_\_\_  
Signature of Individual or  
Corporate Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
By: Corporate Officer (if applicable)