



TOWN OF ORLEANS

19 SCHOOL ROAD ORLEANS MASSACHUSETTS 02653-3699

Telephone (508) 240-3700 – Fax (508) 240-3703

<http://www.town.orleans.ma.us>

BOARD OF
SELECTMEN

TOWN
ADMINISTRATOR

TOWN OF ORLEANS Application for License TRANSIENT VENDOR

DATE _____

ORGANIZATION: _____

TELEPHONE: _____ FAX: _____ E-MAIL: _____

BUSINESS ADDRESS: _____

MAILING ADDRESS: _____

CONTACT PERSON: _____ Tel. # _____

PLACE OF EVENT: _____

TYPE OF EVENT: _____

DATES OF EVENT (NOT TO EXCEED 4 DAYS): _____

TIMES OF EVENT: _____

NUMBER OF INDIVIDUAL VENDORS: _____

CHARITABLE PURPOSE: _____

All charitable or veteran organization and any transient vendors participating in the temporary business must conform to the bylaws of the Town of Orleans.

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.

Your Social Security number will be furnished to the Massachusetts Department of Revenue to determine whether you have met tax filing or tax obligations. Licensees who fail to correct their non-filing or delinquency will be subject to license suspension or revocation. Their request is made under the authority of Mass. G.L. c 36C s. 49A.

Signature of Individual
Name (Mandatory)

By: Corporate Officer or Corporate
(Mandatory, if Applicable)

Social Security # or Federal ID #

Under Chapter 152, Section 25C, Subsection 6, the Town of Orleans is required to withhold issuance or renewal of any license or permit to operate a business if a permit or company does not provide evidence of compliance with General Laws Chapter 152 (Worker's Compensation Act). Therefore, as part of renewal or issuance, you should attach a copy of your certificate of insurance showing your worker's compensation coverage, or evidence satisfactory to the licensing authority that you are not subject to the provisions of Massachusetts general Laws Chapter 152.

Filing Fee: \$25 | License Fee: \$100 Annual | \$25 One Day

Paid on _____ Check # _____