



**Town of Duxbury
Police Department**
155 Mayflower Street
Duxbury, Massachusetts 88888
Phone (781) 934-5656
FAX (781) 934-0688

 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.

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: | | |

| For City/Town use -- Do not write in this section | |
|---|------|
| PERMIT APPROVED BY PERMITTING AUTHORITY | Date |
| | |
| | |

This 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