

MUNICIPALITY Halifax
Permit issued by Halifax Board of Health
499 Plymouth Street
Halifax, Massachusetts 02338
Phone (781) 293-6768
FAX (781) 293-1738

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:	

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

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