

TOWN OF HALIFAX COMMONWEALTH OF MASSACHUSETTS

Board of Health

499 Plymouth Street, Halifax, MA 02338 Telephone (781)293-6768 * Fax (781)293-1738

It is the responsibility of the Halifax Board of Health to ensure that the identity of the new/renewal applicant is true and accurate. The Board of Health shall only issue permits after a criminal background check (CORI) is conducted by the Halifax Police Department to determine the eligibility of the applicant for a new permit or a renewal. All applications must be accompanied by a current photograph of the applicant.

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	NGAGE IN ICE CREAD and 520 CMR 15.00 et e ation must be fully comp	sq. (as ame	
Single Event Fee: \$75.00	Seasonal Fee: \$150.00		
Company Name:			
Name of Applicant:			
Street Address:	Town/City:	Zi	p Code:
Phone:	Cell:		
Email Address:			
DOB:	SS#:		
Please Check One: New Applicant. Renewal. Most recent Ice Cream Truthe Halifax Board of Health, expiration	<u> </u>	nber	issued from
Please answer the following questions of	completely and accuratel	y.	
1. Have you ever used or been known by another name? Yesa. If yes, provide name and explanation.		No	
2. Are you a sex offender, as define Yes No	ed by section 178c or Cha	apter 6 of th	ne General Laws?



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- **3.** Are there currently any sex offense charges pending against you? Yes No (All sex offenses are identified by section 178c or Chapter 6 of the General Laws)
- **4.** If you answered yes to questions 2 or 3, please provide explanations.

Events:

Applicant Signature:

- 5. What event, if any, are you planning on being an ice cream vender?
- **6.** What location, date and time will this event take place?

*** Please attach a copy of a current photograph to this application. Upon receipt of this application, the Halifax Board of Health will direct applicant to the Halifax Police Department who shall conduct a criminal background check (CORI) of the applicant to determine applicants' eligibility. ***

Date:

For Town/City use. Do not write in this section.		
Permitting Authority: Halifax Board of Health.		
Permit approved by: Health Agent,		
Permit Ratified by: Board Members		
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Notes:		

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