

**CITY OF NEWBURYPORT, MASSACHUSETTS
OFFICE OF THE LICENSING COMMISSION**

APPLICATION FORM - TRANSIENT VENDOR/PEDDLER/ FOOD TRUCK LICENSE

The City of Newburyport regulates the selling of food, goods and merchandise on all sidewalks, street and public property. The Newburyport Licensing Commission is the only entity within the city with the authority to grant a transient vendor and food truck license. Failure to obtain a license prior to vending goods on a public way will result in municipal fines for violation of Chapter 9, Article VII, Division I of the Code of Ordinances of the City of Newburyport.

Application for license renewal or new licenses for the may be submitted to the Newburyport Licensing Commission, PO Box 550, Newburyport, MA 01950 by February 15th each year for consideration by the Licensing Commission at the March meeting, or at any time if licenses are available.

Applicant's Name: _____

Address Of Business: _____

City: _____

Phone: (Cell) () _____ Business () _____

E-Mail: _____

Business Name: _____

Corporate Name (if incorporated or LLC): _____

Address: _____

If doing business as a different name than the LLC or Corporation you must file a Business Certificate with the City Clerk:

City Clerk Signature

Date

Principle Purpose of Business: _____

Description of edible goods you wish to Sell: _____

Dimensions of Food Truck: Length_____ Width_____ Height_____ Weight_____

Applicant(s) will initial next to each statement below signifying their acceptance of the stated requirements.

Approved License holder will not stop at any location for longer than 15 minutes: _____

Approved License allows holder to only sell on public streets outside of the Downtown Overlay District. See attached map of Overlay District & Initial it: _____

Days & Hours Truck will be in use:

Subject to City Board of Health Permit: (date issued) _____

Signature of Applicant

Date signed

APPLICANT NEEDS THE FOLLOWING APPROVALS AS LISTED BELOW:

1. Licensing Commission (at the Licensing Meeting Applicant attends) Date

2. City Board of Health

Date

License Fee submitted: __ Yes __ No Certificate of Insurance Submitted: __ Yes __ No

NOTE: Applications are considered complete only upon the inclusion of the license fee, certificate of insurance, and completed application with all presentation materials.