



Michael A. Maresco
Town Administrator

Town of Marshfield

Select Board

870 Moraine Street

Marshfield, Massachusetts 02050

Tel: 781-834-5563

Fax: 781-834-5527

PEDDLER'S LICENSE APPLICATION

Date of Application: _____

Name of Applicant: _____

Address: _____

Telephone #: _____

Email: _____

Name of Business: _____

Type of Business: _____

Hours of Operation: _____

Other Information: _____

Applicant is subject to the Commonwealth of Massachusetts Motor Vehicle Laws and the Town of Marshfield's Zoning Bylaws. The applicant cannot park on a lot and sell from that lot. The vehicle must be used on Town roads.

Signature of Applicant

Date

Select Board:

Approval

Disapproval

Date

* Property Taxes Paid: _____

Comments/Restrictions: _____

* Article 30 §b, Town of Marshfield General Bylaws

* Article 60 §b, Town of Marshfield General Bylaws



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CONSENT TO RELEASE PERSONNEL AND OTHER RECORDS

Date: _____

I, _____, born at _____

on _____,

Having filed an application with the Town of Marshfield, I consent to having an investigation made as to my moral character, and reputation which may be received and reported to the appointing authority. I further agree to give the Town or its agents any further information which may be required in reference to my past record. I also authorize and request every person, firm, company, corporation, governmental agency, court, association or institution having control of any documents, records, and other information pertaining to me, to furnish the Town or its agents any such information, including documents, records, files regarding charges or complaints filed against me, formal or informal, pending or closed, or any other pertinent data, and to permit any of its agents or representatives to inspect and make copies of such documents, records or other information.

I hereby release, discharge, and exonerate the Town of Marshfield, its agents and representatives, and any person so furnishing information to the Town, from any and all liability of every nature and kind arising out of furnishing or inspection of such documents, records, and other information or the investigations made by on behalf of the Town of Marshfield. This authority shall continue until revoked or in writing by the undersigned.

Signature: _____

Address: _____



THE COMMONWEALTH OF MASSACHUSETTS
EXECUTIVE OFFICE OF PUBLIC SAFETY AND SECURITY
Department of Criminal Justice Information Services 200
Arlington Street, Suite 2200, Chelsea, MA 02150
TEL: 617-660-4640 | TTY: 617-660-4606 | FAX: 617-660-5973
MASS.GOV/CJIS



This form is not to be faxed. Please return form to organization .

**Criminal Offender Record Information (CORI)
Acknowledgement Form**

To be used by organizations conducting CORI checks for employment or licensing purposes.

_____ is registered under the
(Organization)
provisions of M.G.L. c.6, § 172 to receive CORI for the purpose of screening current and otherwise qualified prospective employees, subcontractors, volunteers, license applicants, or current licensees.

As a prospective or current employee, subcontractor, volunteer, license applicant or current licensee, I understand that a CORI check will be submitted for my personal information to the DCJIS. I hereby acknowledge and provide permission to

(Organization)
to submit a CORI check for my information to the DCJIS. This authorization is valid for one year from the date of my signature. I may withdraw this authorization at any time by providing _____
(Organization)

with written notice of my intent to withdraw consent to a CORI check.

I also understand, that _____ may conduct
(Organization)
subsequent CORI checks within one year of the date this Form was signed by me.

By signing below, I provide my consent to a CORI check and affirm that the information provided on Page 2 of this Acknowledgement Form is true and accurate.

Signature of CORI Subject

Date



THE COMMONWEALTH OF MASSACHUSETTS
EXECUTIVE OFFICE OF PUBLIC SAFETY AND SECURITY
Department of Criminal Justice Information Services
200 Arlington Street, Suite 2200, Chelsea, MA 02150
TEL: 617-660-4640 | TTY: 617-660-4606 | FAX: 617-660-5973
MASS.GOV/CJIS



SUBJECT INFORMATION

Please complete this section using the information of the person whose CORI you are requesting.
The fields marked with an asterisk (*) are required fields.

* First Name: _____ Middle Initial: _____

* Last Name: _____ Suffix (Jr., Sr., etc.): _____

Former Last Name 1: _____

Former Last Name 2: _____

Former Last Name 3: _____

Former Last Name 4: _____

* Date of Birth (MM/DD/YYYY): _____ Place of Birth: _____

* Last **SIX** digits of Social Security Number: ____ -- ____ ☐ No Social Security Number

Sex: _____ Height: ____ ft. ____ in. Eye Color: _____ Race: _____

Driver's License or ID Number: _____ State of Issue: _____

Father's Full Name: _____

Mother's Full Name: _____

Current Address

* Street Address: _____

Apt. # or Suite: _____ *City: _____ *State: _____ *Zip: _____

SUBJECT VERIFICATION

The above information was verified by reviewing the following form(s) of government-issued identification:

Verified by:

Print Name of Verifying Employee

Signature of Verifying Employee

Date