

TRUCK SALE AND DISTRIBUTION OF RETAIL FOODS

Application fee: \$25.00

Make check payable to: **Town of Pembroke**

TRUCK SALE AND DISTRIBUTION OF RETAIL FOODS

The Commonwealth of Massachusetts
Town of Pembroke

APPLICATION FOR PERMIT

Permit No.: _____ Application Date: _____

Date Permit Issued: _____

To the Licensing Authorities:

In accordance with the provisions of the Statutes relating thereto, application for a Permit is hereby made by

Name: _____
(Please print clearly full name of person, firm or corporation making application)

Address: _____
(# street) (City/Town) (State) (Zip)

Telephone: _____

for the sale and distribution of _____
from Seller's truck in the Town of Pembroke.

Type, make and year of truck: _____

Registration # of truck: _____

Name of retail food company / representative (supplier of your goods):

Address of retail food company (supplier of your goods):

(street)

(city) (state) (zip)

Supplier telephone: (_____) _____ Extension: _____

(signature of applicant)

(address if different from above) Telephone: (_____) _____