

Town of



Sterling

MASSACHUSETTS

VENDORS  
LICENSE APPLICATION

PERMIT # \_\_\_\_\_

PERMIT FEE: \$ \_\_\_\_\_

FEE PD: \_\_\_\_\_

PRINT ALL INFORMATION  
ALL INFORMATION MUST BE FILLED IN

1. NAME OF BUSINESS/OR ORGANIZATION/OR INDIVIDUAL:

2. PERSON RESPONSIBLE FOR LICENSE:

3. ADDRESS AND PHONE # OF PERSON RESPONSIBLE:

Street and Number    City/Town    State    Zip    Phone #

4. LOCATION AND PHONE # WHERE LICENSE IS TO BE USED:

Street and Number    City/Town    State    Zip    Phone #

5. PURPOSE OF LICENSE: (type of goods to be sold)

\_\_\_\_\_  
\_\_\_\_\_

6. DATE(S) LICENSE TO BE USED:

\_\_\_\_\_

THIS LICENSE EXPIRES ON DECEMBER 31ST OF EACH YEAR.

Signature of Licensee

Print name

F.I.D. OR S.S. Number

Date