



# CAMBRIDGE LICENSE COMMISSION

831 Massachusetts Avenue, First Floor,  
Cambridge, Massachusetts 02139  
Phone (617) 349-6140  
License@cambridgma.gov

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 PERMITTING AUTHORITY USE ONLY  
 Permit Number \_\_\_\_\_  
 Date Issued \_\_\_\_\_  
 Expiration Date \_\_\_\_\_  
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\*\*\*\*\*PERMITTING AUTHORITY USE ONLY\*\*\*\*\*

It is the responsibility of the permitting authority to ensure that the identity of the new/renewal applicant is true and accurate and in the case of a renewal, that the applicant is linked to the original tracking number. The permitting authority shall only issue permits after conducting a criminal background investigation into the criminal history of an applicant to determine eligibility for a new permit or a renewal. All applications must be accompanied by a copy of an applicant's fingerprints and two current photographs.

## APPLICATION FOR PERMIT TO ENGAGE IN ICE CREAM TRUCK VENDING Pursuant to G.L. c. 270 §25 and 520 CMR 15.00 et seq. (as amended) THIS APPLICATION MUST BE FULLY COMPLETED

Name of Applicant:		Phone:		Cell:
Street Address:			Email address:	
City/Town:	MA	ZIP:	Date of Birth:	
Please Check One: <input type="checkbox"/> NEW APPLICANT <input type="checkbox"/> RENEWAL MOST RECENT ICE CREAM TRUCK VENDING PERMIT NUMBER: _____ ISSUED FROM WHICH CITY/TOWN? _____, MA EXPIRATION DATE: _____				
PLEASE ANSWER THE FOLLOWING QUESTIONS COMPLETELY AND ACCURATELY.				
1. Have you ever used or been known by another name? If Yes, provide name and explanation:				
2. Are you a sex offender, as defined by Section 178(c) of Chapter 6 of the General Laws?				
3. Are there currently any sex offense charges pending against you? (All sex offenses are identified in Section 178(c) of Chapter 6 of the General Laws)				
4. If you answered yes to Questions 2 or 3, please provide explanation:				
PLEASE ATTACH A COPY OF A CURRENT PHOTOGRAPH TO THIS APPLICATION. A COPY OF THE APPLICANT'S FINGERPRINTS IS ALSO REQUIRED. UPON RECEIPT OF THIS APPLICATION, THE PERMITTING AUTHORITY (LOCAL MUNICIPALITY) SHALL CONDUCT AN INVESTIGATION INTO THE CRIMINAL HISTORY OF THE APPLICANT TO DETERMINE ELIGIBILITY.				
SIGNATURE:			DATE:	

For City/Town use -- Do not write in this section	
PERMIT APPROVED BY	
PERMITTING AUTHORITY	
Date	

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 at [www.mass.gov/dps](http://www.mass.gov/dps)

**CRIMINAL OFFENDER RECORD INFORMATION (CORI)  
REQUEST FORM**

Cambridge License Commission has been certified by the Executive Office of Public Safety and Security for access to conviction and pending criminal case data. As an applicant for a \_\_\_\_\_, I understand that a criminal record check will be conducted for conviction and pending criminal case information only and that it will not necessarily disqualify me.

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**APPLICANT INFORMATION (PLEASE PRINT CLEARLY)**

\*First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

\*Last Name: \_\_\_\_\_ Suffix (Jr., III): \_\_\_\_\_

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

\*Last six digits of Social Security #: XXX - \_\_\_ - \_\_\_\_ \*If no Social Security Number, check here:

\*Current Street Address (include state and zip code): \_\_\_\_\_

Former Last Name(s): \_\_\_\_\_

Alias(es), if any: \_\_\_\_\_

Sex: \_\_\_\_\_ Height: \_\_\_\_\_ ft. \_\_\_\_\_ in. Eye Color: \_\_\_\_\_ Race: \_\_\_\_\_

Driver's License or ID Number: \_\_\_\_\_ State of Issue: \_\_\_\_\_

Father's Full Name: \_\_\_\_\_ Mother's Full Name: \_\_\_\_\_

*I, the undersigned, hereby acknowledge that the License Commission for the City of Cambridge is registered under the provisions of G. L. c. 6, § 172, to receive Criminal Offender Record Information ("CORI") for the purposes of screening current licensees and potential licensees. I am hereby providing my authorization to the Cambridge License Commission to conduct a CORI check and obtain and review information from the Department of Criminal Justice Information Services ("DCJIS"). I understand this authorization is valid for one year from the date of my signature and it can only be withdrawn if I submit written notice to the License Commission. Finally, the License Commission is hereby authorized to conduct subsequent CORI checks within one year of the date of this form signed by me, provided the License Commission first provide me with written notice of its intent to do so. I hereby further attest and affirm the above information is true and accurate, and sign under the pains and penalties of perjury.*

Signed: \_\_\_\_\_ Dated: \_\_\_\_\_

Employee Running Check: \_\_\_\_\_ Dated: \_\_\_\_\_

CORI ISSUES:            No            Yes

COMMENTS: \_\_\_\_\_

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