



TOWN OF BOXBOROUGH
29 Middle Road, Boxborough, Massachusetts 01719
Phone: (978) 264-1726 • Fax: (978) 264-3127
www.boxborough-ma.gov

COMMONWEALTH OF MASSACHUSETTS
TOWN OF BOXBOROUGH

FEE \$15.00

APPLICATION FOR TRANSIENT VENDOR LICENSE

In accordance with the provisions of M.G.L. 101, Section 5, application is hereby made for approval of a Transient Vendor License for:

NAME: _____

ADDRESS: _____ CITY / STATE: _____ ZIP: _____

PHONE: _____ DATE(S) OF SHOW: _____

LOCATION OF DISPLAY OR SHOW WHERE GOODS OR WARES ARE TO BE SOLD:

HOLIDAY INN, BOXBOROUGH

State Sales Tax Number, Federal Identification Number or Social Security Number: _____
(Application cannot be processed without one of these numbers.)

ALL INFORMATION SHALL BE TRUE AND CORRECT. FAILURE TO PROVIDE ANY INFORMATION IS GROUNDS FOR DENIAL OF THE LICENSE.

Signed Under the Penalty of Perjury: _____
(Applicant's Signature)

This application must be received at least three business days prior to the show date(s). All fields must be completed. **The fee is \$15 per show.** Make checks payable to "Town of Boxborough." Send completed application and check to:

Town of Boxborough
ATTN: TVL Administrator
29 Middle Road
Boxborough, MA 01719

Licenses will be sent or faxed to the show location identified above. A copy will not be sent to your home/business address unless a stamped, self-addressed envelope is enclosed.