

TOWN OF SEEKONK



FOR MOBILE FOOD CART PERMIT

No.: \_\_\_\_\_

Date: \_\_\_\_\_

Fee: \_\_\_\_\_

To: The Licensing Authority – Board of Selectmen  
Town Hall, 100 Peck Street, Seekonk, MA 02771

In accordance with the provisions of the statutes relating thereto, application for a license is hereby made by:

\_\_\_\_\_  
*(Full name, address and phone # of person, firm or corporation making application)*

PURPOSE: \_\_\_\_\_

DAY(S) & HOURS: \_\_\_\_\_

LOCATION: \_\_\_\_\_

**\*\*\*NEW APPLICANTS ARE REQUIRED TO BE PRESENT AT THE SELECTMEN'S MEETING**

NOTE: The Board of Selectmen as the Licensing Authority requires all applicants be checked CORI'd by the appropriate person(s) before applications are submitted to the Board of Selectmen for approval. The Licensing Authority requires that all Real Estate, Personal Property and Excise Taxes be up to date prior to granting of your license(s).

Furthermore, the applicant agrees to comply with all Federal, State, and Local Laws. Failure to do so may result in the denial of this License request.

Signature of Applicant: \_\_\_\_\_

\_\_\_\_\_  
*Name (printed)*

Home Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Pursuant to M.G.L. Chapter Section 62C, Section 49A, I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid all taxes required under the law.

Social Security or FID Number: \_\_\_\_\_

Signature of Individual Corporate Name: \_\_\_\_\_

By Corporate Officer: \_\_\_\_\_



# TOWN OF SEEKONK

## LICENSE APPLICATION REVIEW SHEET

Completed applications must be presented with this License Application Review Sheet

\_\_\_\_\_  
*Full Name, Address & Telephone Number of Person, Firm, or Corporation making Application*

TYPE OF LICENSE: \_\_\_\_\_

### BUILDING INSPECTOR/ZONING ENFORCEMENT OFFICER

I have reviewed the application and based upon the requirements of the Town's By-laws and the State Building Code, I make the following recommendation:

\_\_\_\_\_ There is no reason to my knowledge why this application should not be granted.

\_\_\_\_\_ The following reason(s) is(are) why this application should not be granted:  
\_\_\_\_\_

\_\_\_\_\_  
*Building Inspector/Zoning Enforcement Officer*

\_\_\_\_\_  
*Date*

### BOARD OF HEALTH

I have reviewed the application and have made the following determination based upon the requirements of the Town's By-laws and State Regulations/Statute:

\_\_\_\_\_ There is no reason to my knowledge why this application should not be granted.

\_\_\_\_\_ The following reason(s) is (are) why this application should not be granted:  
\_\_\_\_\_

\_\_\_\_\_  
*Board of Health Agent*

\_\_\_\_\_  
*Date*

### FIRE DEPARTMENT

I have reviewed the application and have made the following determination based upon the requirements of the Town's By-laws and State Regulations/Statute:

\_\_\_\_\_ There is no reason to my knowledge why this application should not be granted.

\_\_\_\_\_ The following reason(s) is (are) why this application should not be granted:  
\_\_\_\_\_

\_\_\_\_\_  
*Fire Chief*

\_\_\_\_\_  
*Date*

### PLANNING BOARD

I have reviewed the application and have made the following determination based upon the requirements of the Town's By-laws and State Regulations/Statute:

\_\_\_\_\_ There is no reason to my knowledge why this application should not be granted.

\_\_\_\_\_ The following reason(s) is(are) why this application should not be granted:  
\_\_\_\_\_

\_\_\_\_\_  
*Town Planner*

\_\_\_\_\_  
*Date*

APPLICANT FOR: \_\_\_\_\_

TYPE OF LICENSE: \_\_\_\_\_

**POLICE DEPARTMENT** \*\* Please note, before the Police Department will sign the review sheet, fingerprinting may be required for some applications per Category 48 of the Town of Seekonk Bylaws. (See Attached)

I have reviewed the application and have made the following determination based upon the requirements of the Town's By-laws and State Regulations/Statute:

\_\_\_\_\_ There is no reason to my knowledge why this application should not be granted.

\_\_\_\_\_ The following reason(s) is(are) why this application should not be granted:

\_\_\_\_\_

\_\_\_\_\_  
*Chief of Police*

\_\_\_\_\_  
*Date*

**DEPARTMENT OF PUBLIC WORKS**

I have reviewed the application and have made the following determination based upon the requirements of the Town's By-laws and State Regulations/Statute:

\_\_\_\_\_ There is no reason to my knowledge why this application should not be granted.

\_\_\_\_\_ The following reason(s) is(are) why this application should not be granted:

\_\_\_\_\_

\_\_\_\_\_  
*Superintendent*

\_\_\_\_\_  
*Date*

**SEALER OF WEIGHTS & MEASURES**

I have inspected the weighing and measuring devised intended to be used by the applicant and based upon the accuracy of those devises:

\_\_\_\_\_ There is no reason to my knowledge why this application should not be granted.

\_\_\_\_\_ The following reason(s) is(are) why this application should not be granted:

\_\_\_\_\_

\_\_\_\_\_  
*Sealer of Weights & Measures*

\_\_\_\_\_  
*Date*

**CONSERVATION COMMISSION**

I have reviewed the application and have made the following determination based upon the requirements of the Town's By-laws and State Regulations/Statute:

\_\_\_\_\_ There is no reason to my knowledge why this application should not be granted.

\_\_\_\_\_ The following reason(s) is(are) why this application should not be granted:

\_\_\_\_\_

\_\_\_\_\_  
*Agent*

\_\_\_\_\_  
*Date*

**TOWN CLERK**

\_\_\_\_\_ A Business Certificate is not required.

\_\_\_\_\_ A Business Certificate is required and has been applied for.

\_\_\_\_\_  
*Town Clerk*

\_\_\_\_\_  
*Date*

## **CATEGORY 48-CRIMINAL HISTORY CHECK AUTHORIZATION**

### Purpose and Authorization

In order to protect the health, safety and welfare of the inhabitants of the Town of Seekonk, and as authorized by G.L.c.6,s172B ½ , this bylaw shall require (a) applicants for certain Town licenses permitting the conduct of specific occupational activities within the Town as enumerated in Section 2, below, to submit to fingerprinting by the Seekonk Police Department, (b) the Police Department to conduct criminal record background checks based on such fingerprints, and (c) the Town to consider the results of such background checks in determining whether or not to grant a license.

The Town authorizes the Massachusetts State Police, the Massachusetts Department of Criminal Justice Information Systems (the "DCJIS") and the Federal Bureau of Investigation (the "FBI") as may be applicable to conduct on behalf of the Town and its Police Department fingerprint-based state and national criminal record background checks, including of FBI records, consistent with this bylaw. The Town authorizes the police Department to receive and utilize records of the State police, the DCJIS and the FBI in connection with such background checks, consistent with this bylaw.

### Applicant's Submission to Fingerprinting by the Police Department

Any applicant for a license to engage in any of the following occupational activities within the Town shall submit a full set of fingerprints taken by the Seekonk Police Department within ten (10) days of the date of the application for a license for the purpose of conducting a state and national criminal record background check to determine the suitability of the applicant for the license:

Hawker and Peddler  
Liquor Licensee  
Manager or Alternate Manager of a Liquor Licensee  
Solicitors and Canvassers  
Dealers in Junk, Second-Hand Articles and Antiques  
Second-Hand Motor Vehicle Dealer  
Hackney Carriage (Taxi) Operator  
Ice Cream Truck Vendor

At the time of fingerprinting, the police Department shall notify each individual who is fingerprinted that his or her fingerprints will be used to check such individual's FBI and state criminal history records.

### Police Department Processing of Fingerprint-Based Criminal Record Background Checks and Communication of Results

The Police Department shall transmit fingerprints it has obtained pursuant to Section 2 of this bylaw to the Identification Section of the Massachusetts State Police, the DCJIS and/or the FBI as may be necessary for the purpose of conducting fingerprint-based state and national criminal records background checks of license applicants specified in the said section.

The Police Department shall provide the applicant with a copy of the results of his or her fingerprint-based criminal record background check and supply the applicant the opportunity to complete, or challenge the accuracy of, the information contained in it, including in the FBI identification record. The Police Department shall also supply applicants with information regarding the procedures for obtaining a change, correction or updating of a criminal record, including a copy of 28 CFR Part 16.34 pertaining to FBI identification records. In no event shall the police Department render a suitability evaluation pursuant to the paragraph below until it has taken the steps detailed in this paragraph and otherwise complied with any other procedures required by any Town policy applicable to licensing-related criminal record background checks.

The Police Department shall communicate the results of fingerprint-based criminal record background checks to the applicable licensing authority within the Town. The Police Department shall in addition render to the licensing authority its evaluation of the applicant's suitability for the proposed occupational activity based upon the results of the criminal records background check and any other relevant information know to it. In rendering it evaluation, the police Department shall consider all applicable laws, regulations and Town policies bearing on an applicant's suitability. The police Department shall indicate whether the applicant has been convicted of, or is under pending indictment for, a crime that bears upon his or her suitability, or any felony or misdemeanor that involved force or the threat of force, controlled substance or a sex-related offense.

### Reliance on Results of Fingerprint-Based Criminal Record Background Checks

Licensing authorities of the Town shall utilize the results of fingerprint-based criminal record background checks for the sole purpose of determining the suitability of the subjects of the checks in connection with the license applications specified in Section 2, above. A Town licensing authority may deny an application for a license on the basis of the results of a fingerprint-based criminal record background check if it determines that the results of the check render the subject unsuitable for the propose occupational activity. The licensing authority shall consider all applicable laws, regulations and Town policies bearing on an applicant's suitability in making this determination. The licensing authority shall not deny a license based on information in a criminal record unless the applicant has been afforded a reasonable time to correct or complete the record or has declined to do so.

### Compliance with Law, Regulation and Town Policy

Implementation of the bylaw and the conducting of fingerprint-based criminal record background checks by the Town shall be in accordance with all applicable laws, regulations and Town policies. The Board of Selectmen is authorized to promulgate regulations for the implementation of this bylaw. The Town shall not disseminate criminal record information received from the FBI to unauthorized persons or entities.

### Fees

The fee charged by the Police Department for the purpose of conducting fingerprint-based criminal record background checks shall be One Hundred Dollars (\$100.00). A portion of the fee, as specified in G.L c.6, s 172B 1/2, shall be deposited into the Firearms Fingerprint Identity Verification Trust Fund, and the remainder of the fee may be retained by the Town for Costs associated with the administration of the fingerprinting system.

Article 22 June 11, 2012 town mtg.

Approved Att. General July 18, 2012



**Town of Seekonk**  
*Office of the Treasurer/Collector*  
**"Certificate of Good Standing"**

**Town Administrator/BOS - License Renewal Applications**

_____	_____
Petitioner Name	Property Owner
_____	_____
Petitioner Address	Property Address
_____	_____
City, State Zip	City, State Zip
_____	_____
Petitioner Phone Number	Plat Number      Lot Number(s)

**The Applicant must submit this form to the Tax Collector's Office. This completed and signed "Certificate of Good Standing" must also be submitted with your application . Delinquent bills must be paid in full before any application will be accepted. If applicable, a tax statement is attached itemizing all past due amounts. This certificate is valid for 30 days from date signed below.**

- Applicant is in Good Standing with the Town of Seekonk.
  
- Applicant is **not** in Good Standing with the Town of Seekonk.

Collector comments (if necessary): \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Christine N. DeFontes  
Collector of Taxes

\_\_\_\_\_  
Date

Collector's Office: (508) 336-2930  
Office Hours: Monday, Tuesday, Thursday 8:30 AM to 4:30 PM Wednesday 8:30 AM to 5:30 PM,  
Friday 8:30 AM to Noon



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



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

To be used by organizations conducting CORI checks for employment, volunteer, subcontractor, licensing, and housing purposes.

Christina P. Testa, on behalf of the Town of Seekonk 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, current licensees, and applicants for the rental or lease of housing.

As a prospective or current employee, subcontractor, volunteer, license applicant, current licensee, or applicant for the rental or lease of housing, I understand that a CORI check will be submitted for my personal information to the DCJIS. I hereby acknowledge and provide permission to Christina P. Testa, on behalf of the Town of Seekonk  
 (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 Christina P. Testa, on behalf of the Town of Seekonk  
 (Organization)

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

**FOR EMPLOYMENT, VOLUNTEER, AND LICENSING PURPOSES ONLY:**

The Christina P. Testa, on behalf of the Town of Seekonk may conduct  
 (Organization)

subsequent CORI checks within one year of the date this Form was signed by me, provided, however, that Christina P. Testa, on behalf of the Town of Seekonk, must first provide me  
 (Organization)

with written notice of this check.

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*



# MASSACHUSETTS DEPARTMENT OF REVENUE

## Revenue Enforcement and Protection (REAP) Attestation

I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all State tax returns and paid all State taxes required under law.

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***\*Signature of Individual or Corporate Name (Mandatory)***

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***By: Corporate Officer (Mandatory, if Applicable)***

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***\*\*Social Security Number (Voluntary) or Federal Identification Number***

- \* This License will not be issued unless this certification clause is signed by the applicant.
- \*\* Your Social Security Number will be furnished to the Massachusetts Department of Revenue to determine whether you have met tax filing or tax payment obligations. Licenses who fail to correct their non-filing or delinquency will be subject to license suspension or revocation. This request is made under the authority of Massachusetts General Law, Chapter 62C, Section 49A.