

Town of Abington

OFFICE OF BOARD OF HEALTH

500 GLINIEWICZ WAY
ABINGTON, MA 02351

TEL.: (781) 982-2119 • FAX (781) 982-2127
www.abingtonma.gov

PERMITTING AUTHORITY USE ONLY	
Permit Number	_____
Date Issued	_____
Expiration Date	_____

*****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.

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:
			Social Security Number:
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	Date
PERMITTING AUTHORITY	

This 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



Town of Abington

OFFICE OF BOARD OF SELECTMEN

500 GLINIEWICZ WAY
ABINGTON, MA 02351
(781) 982-2100
FAX (781) 982-2138

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CORI REQUEST FORM

Abington Board of Selectmen has been certified by the Criminal History Systems Board for access to conviction and pending criminal case data. As an applicant/employee for _____, 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. The information below is correct to the best of my knowledge.

Applicant/Employee Signature

APPLICANT/EMPLOYEE INFORMATION (PLEASE PRINT)

LAST NAME

FIRST NAME

MIDDLE NAME

MAIDEN NAME OR ALIAS (IF APPLICABLE)

PLACE OF BIRTH

DATE OF BIRTH

SOCIAL SECURITY NUMBER

*ID Theft Index PIN
(if applicable)

MOTHER'S MAIDEN NAME

CURRENT AND FORMER ADDRESSES:

SEX: _____ HEIGHT: _____ ft. _____ in. WEIGHT: _____ EYE COLOR: _____

STATE DRIVER'S LICENSE NUMBER: _____
(include state of issue)

***THE INFORMATION WAS VERIFIED WITH THE FOLLOWING FORM OF
GOVERNMENT ISSUED PHOTOGRAPHIC IDENTIFICATION: _____

REQUESTED BY: _____
SIGNATURE OF CORI AUTHORIZED EMPLOYEE

*The CHSB Identify Theft Index PIN Number is to be completed by those applicants that have been issued an Identity Theft Index PIN Number by the CHSB. Certified agencies are required to provide all applicants the opportunity to include this information to ensure the accuracy of the CORI request process.

All CORI request forms that include this field are required to be submitted to the CHSB via mail or by fax to 617-660-4614.