



WAKEFIELD POLICE DEPARTMENT

One Union Street, Wakefield, Massachusetts, 01880

Emergency 911

Business 781-245-1212

Administration 781-246-6323

FAX 781-245-1299

APPLICATION FOR ICE CREAM TRUCK VENDING PERMIT

Pursuant to G.L. c. 270 §25 and 520 CMR 15.00 et seq. (as amended)

Pursuant to Massachusetts General Law c.6, § 172B1/2 and Wakefield General Bylaw c.143 §1-6, the Town of Wakefield now requires fingerprint-based national criminal record checks on applicants for certain municipal licenses.

- **The fee for fingerprinting is \$100.** This fee is separate from any fee that may be charged for the respective license / permit. Contact the Board of Health for other licensing requirements.
- A bank check or money order for \$30 must be made out to “**The Commonwealth of Massachusetts.**” A check or money order for \$70 must be made out to “**Town of Wakefield.**”
- Fingerprinting is done by appointment only. Appointments are to be made through the Wakefield PD Records Unit at 339-219-4509.
- Applicants will be photographed at the time of fingerprinting.
- Applicant must sign consent form(s) before the department conducts fingerprinting.
- Applications will not be processed unless all paperwork is complete and accompanied by appropriate payment.
- Positive state-issued photo ID or valid Military photo ID must be presented for identification purposes at time of fingerprinting.
- **NOTE: Please submit the completed application along with fingerprinting fee(s) and any other required paperwork together in a complete package.**



TOWN OF WAKEFIELD

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

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:		
		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:					
A COPY OF THE APPLICANT'S FINGERPRINTS IS ALSO REQUIRED. APPLICANT WILL BE PHOTOGRAPHED AT THE TIME OF FINGERPRINTING. A 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 ISSUED?	
PERMIT APPROVED BY:	
PERMITTING AUTHORITY	
Date	

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



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CIVIL FINGERPRINTING CONSENT FORM

I, _____, consent to the collection of my fingerprints as part of the application process for the following license:

_____.

I acknowledge and understand that my fingerprints will be searched against databases maintained by the Federal Bureau of Investigation.

Signature

Date

Name (printed)



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FBI PROCEDURE FOR CHANGING, CORRECTING OR UPDATING A RECORD

28 CFR 16.34:

PROCEDURE TO OBTAIN CHANGE, CORRECTION OR UPDATING OF IDENTIFICATION RECORDS.

If, after reviewing his/her identification record, the subject thereof believes that it is incorrect or incomplete in any respect and wishes changes, corrections or updating of the alleged deficiency, he/she should make application directly to the agency which contributed the questioned information. The subject of a record may also direct his/her challenge as to the accuracy or completeness of any entry on his/her record to the FBI, Criminal Justice Information Services (CJIS) Division, ATTN: SCU, Mod. D-2, 1000 Custer Hollow Road, Clarksburg, WV 26306. The FBI will then forward the challenge to the agency which submitted the data requesting that agency to verify or correct the challenged entry. Upon the receipt of an official communication directly from the agency which contributed the original information, the FBI CJIS Division will make any changes necessary in accordance with the information supplied by that agency.

Further information can be found at:

<https://www.fbi.gov/services/cjis/identity-history-summary-checks/us-department-of-justice-order-556-73>