



City Clerk 610 Main Street Waltham MA 02452 (781) 314-3120
Secondhand Dealers Application

Date sent to:
Police Department _____

Building Department: _____

New _____ Renewal _____ Dated Received _____

Please Print:

The undersigned hereby makes an application for a secondhand dealers license in compliance with MGL.140. Sec.54, 202 and the Waltham General Ordinances Article VIII Secondhand Dealers.

Fee: \$100.00

Owner of the Business or Corporate Officer must be applicant.

Name of Business: _____
Corporate Name (and D/B/A if different from corporate name).

Located At: _____

Phone (Day): _____ Evening Phone: _____

Business Owner(s) Name: _____

Residential Address : _____

Home Phone: _____

If Corporation

Emergency Contact Name : _____ Phone Number: _____

Brief description of items being sold: _____

Do you hold a Secondhand Dealers License (s) within Waltham, any other Massachusetts Community or State.

_____ NO _____ Yes If yes complete the information on the line below.

| Business Name | Address | City | State | Zip | Phone |
|---------------|---------|------|-------|-----|-------|
|---------------|---------|------|-------|-----|-------|

Have you ever been prosecuted and convicted in this or any other state for violations of property crimes. _____ Yes _____ NO

This license will not be issued unless this certification clause is signed by the applicant.

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.

Applicant Signature (s) _____ D/O/B _____

Social Security # _____ Federal ID # : _____

Your Social security Number will be furnished to the Massachusetts Department of Revenue to determine whether you have met tax filing or tax payments obligations.

Licensee (s) 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 MGL c. 62 s.49A

Property Owner (s) Information

Property Owner(s) Name: _____ Signature: _____ D/O/B _____

Residential Address: _____

Mailing Address _____

Phone (Day) : _____ Evening : _____

Building Department Approved _____ Denied _____ Signature : _____

Police Department Approved _____ Denied _____ Signature : _____