



CITY OF SALEM, MASSACHUSETTS
LICENSING BOARD

100 WASHINGTON STREET
SALEM, MA 01970
TEL: 978-244-1000
FAX: 978-244-1000

APPLICANT'S SIGNATURE
DATE

**CITY OF SALEM
STREET PERFORMER APPLICATION
"2008"**

PLEASE TYPE OR PRINT CLEARLY

NAME:

HOME ADDRESS:

street
city
state
zip

HOME TELE #

D.O.B.

PLACE OF BIRTH:

OCCUPATION:

EMPLOYER:

LOCATION FOR PERFORMING: **ESSEX STREET PEDESTRIAN MALL**

WHAT WILL YOUR PERFORMANCE CONSIST OF: _____

FEE: \$ 5.00 PER YEAR

EXPIRES: MARCH 31, 2009

STREET PERFORMERS ARE NOT GIVEN A SPECIFIC LOCATION, IF YOU ARE IN A VENDOR'S SPOT YOU WILL BE ASKED TO MOVE.

RENEWAL

**BOARD OF PROBATION INQUIRY
REQUEST FOR CRIMINAL RECORD
STREET PERFORMER**

PLEASE PRINT LEGIBLY

FIRST NAME _____ MIDDLE NAME _____ LAST NAME _____

CURRENT TELE # _____

MAIDEN NAME: (if applicable) _____

ADDRESS _____

DATE OF BIRTH _____ PLACE OF BIRTH _____

SOCIAL SECURITY # _____

SEX _____ HEIGHT: ___ ft ___ in WEIGHT: ___ lbs COLOR OF EYES _____

COLOR OF HAIR _____

CITIZENSHIP _____ DATE OF NATURALIZATION (if applicable) _____

MARRIED___ SINGLE___ WIDOW___ WIDOWER___ DIVORCED___

RACE _____

OTHER NAMES USED _____

FATHER'S FULL NAME _____

FATHER'S COUNTRY OF BIRTH _____

MOTHER'S FULL MAIDEN NAME _____

MOTHER'S COUNTRY OF BIRTH _____

WIFE'S FULL MAIDEN NAME OR
HUSBAND'S FULL NAME _____

ADDRESS _____

WHAT WILL YOUR PERFORMANCE CONSIST OF?

SIGNATURE _____