



City of Everett  
**OFFICE OF THE CITY CLERK**

**Mailing Address:** City Hall, Room 10, 484 Broadway, Everett, MA 02149  
**Phone:** (617) 394-2225 **Hours:** M; 8:00a-7:30p, Tu-Th; 8:00a-4:00p, F; 8:00a-11:30a  
**Website:** www.ci.everett.ma.us

**Permit**  
**Flowering Plants**  
**Fee: \$50/day**

**Applicant's Name** \_\_\_\_\_

**Applicant's Residential Address:** \_\_\_\_\_

**Date of Application:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Extract from the Revised Ordinances of the City of Everett  
 Flowering Plants and Related Items**

**Section 12-50. Flowering plants and related items.**

(a) No person shall sell flowering plants, whether real, artificial, permanent, temporary, wild, cultivated, either on open, private property or from a tent, booth, building structure on said private property without first obtaining a letter of authorization from the owner of said property and a license from the board of alderman. The applicant may then present said letter from the owner and license from the board of alderman to the city clerk for a temporary license. Upon paying the fee of fifty dollars (\$50.00) a day for each day of use, the city clerk shall issue such license for the property where flower and flower related items are to be sold, provided such property, from any point, is not closer than five hundred (500) feet to a point of a property to which was granted an occupancy permit by the building inspector to conduct a florist business.

**Location**

Proposed Permit Address: \_\_\_\_\_

Requested Dates for Permit: \_\_\_\_\_ Total # of \_\_\_\_\_

Items to be sold: \_\_\_\_\_

**Signature**

*I hereby certify that the information above is true and accurate.*

**Signature:** \_\_\_\_\_ **Date of Application:** \_\_\_\_\_



## **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 # (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. Licensees who fail to correct their non-filing or delinquency will be subject to license suspension or evocation. This request is made under the authority of MA G.L. c 62C s. 49A.



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**Address:** \_\_\_\_\_

**Business Name:** \_\_\_\_\_

**PROPERTY OWNER INFORMATION**

Applicant       Landlord

**Name:** \_\_\_\_\_

**Phone:** ( \_\_\_\_\_ )

**Fax:** ( \_\_\_\_\_ )

**Address:** \_\_\_\_\_

**City/State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**PROPERTY OWNER STATEMENT**

I, hereby state that I am the property owner at \_\_\_\_\_, and that the abovementioned business has the right to use the property for the purpose stated in this application.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**PLEASE ATTACH A PROPERTY CARD FROM THE ASSESSORS' OFFICE WITH THIS FORM**