



CITY OF NEW BEDFORD
Massachusetts

Date: 10-17-16

To the City Council
City of New Bedford:

The undersigned respectfully asks that he or she be granted a waiver of the residency requirement in accordance with 15-38 of the City Code to obtain a Secondhand Dealers License for:

COMPANY NAME: Purchase st. Records

Address: 767 Purchase st

City/State: New Bedford, Massachusetts

Zip Code: 02740

Applicant Signature: *R. Charnard*

Roger Charnard
(Name- Please Print)

4 camardo dr
(Address - Please Print)

Wareham Ma
(City/State - Please Print)

02571
(Zip Code)

508-287-8688
(Business - Telephone Number)

(Home - Telephone Number)