



**APPLICATION FOR PERMIT TO SOLICIT ACCORDING TO THE SOLICITATION & CANVASSING DOOR-TO-DOOR BY-LAW OF THE TOWN OF WESTFORD**

NAME: \_\_\_\_\_ TELEPHONE#: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ SOCIAL SECURITY #: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_  
NO. & STREET CITY/TOWN STATE ZIP CODE

STATE OF BIRTH: \_\_\_\_\_ FATHER'S NAME: \_\_\_\_\_ MOTHER'S MAIDEN NAME: \_\_\_\_\_

ARE YOU TEMPORARILY STAYING IN THE AREA?  YES  NO IF YES, HOW LONG: \_\_\_\_\_

**LOCAL/PRESENT ADDRESS WHERE YOU ARE CURRENTLY STAYING (IF NOT HOME ADDRESS):**

ADDRESS: \_\_\_\_\_  
NO. & STREET CITY/TOWN STATE ZIP CODE

**IF LESS THAN THREE YEARS RESIDENCE AT LOCAL/PRESENT ADDRESS, PLEASE PROVIDE THE ADDRESS OF RESIDENCE(S) DURING THE PAST THREE YEARS.**

1. \_\_\_\_\_  
NO. & STREET CITY/TOWN STATE ZIP CODE

2. \_\_\_\_\_  
NO. & STREET CITY/TOWN STATE ZIP CODE

**HAVE YOU EVER BEEN CONVICTED OF A CRIME IN ANY STATE?**  YES  NO

IF YES, EXPLAIN (INCLUDE WHERE, WHEN, AND WHAT CRIME)

\_\_\_\_\_  
**NATURE OF BUSINESS FOR WHICH PERMIT IS REQUESTED (i.e.: Pest Control, Solar Sales, Ice Cream Truck, etc.):**

NAME OF COMPANY: \_\_\_\_\_ COMPANY'S TELEPHONE #: \_\_\_\_\_

COMPANY'S BUSINESS ADDRESS: \_\_\_\_\_  
NO. & STREET CITY/TOWN STATE ZIP CODE

COMPANY WEBSITE (IF AVAILABLE): \_\_\_\_\_

LENGTH OF TIME EMPLOYED BY THE COMPANY/BUSINESS: \_\_\_\_\_

DIRECT SUPERVISORS NAME: \_\_\_\_\_ TELEPHONE #: \_\_\_\_\_



**LOCATION WHERE YOUR SUPERVISOR CAN BE FOUND (OFFICE ADDRESS, HOME ADDRESS, ETC.):**

ADDRESS: \_\_\_\_\_  
NO. & STREET CITY/TOWN STATE ZIP CODE

**PLEASE PROVIDE THE NAME & ADDRESS OF EMPLOYER(S) DURING THE PAST THREE YEARS IF OTHER THAN LISTED ABOVE:**

1. \_\_\_\_\_  
NAME FULL STREET ADDRESS
2. \_\_\_\_\_  
NAME FULL STREET ADDRESS
3. \_\_\_\_\_  
NAME FULL STREET ADDRESS

**PLEASE PROVIDE THE NAME OF THE LAST THREE COMMUNITIES (IF ANY) IN WHICH THE APPLICANT HAS SOLICITED OR CANVASSED DOOR-TO-DOOR, COMPLETE WITH THE DATE OF ISSUE & EXPIRATION DATE OF PERMIT:**

1. \_\_\_\_\_  
CITY/TOWN PERMIT ISSUE DATE PERMIT EXPIRATION DATE
2. \_\_\_\_\_  
CITY/TOWN PERMIT ISSUE DATE PERMIT EXPIRATION DATE
3. \_\_\_\_\_  
CITY/TOWN PERMIT ISSUE DATE PERMIT EXPIRATION DATE

**MOTOR VEHICLE INFORMATION FOR VEHICLE USED BY APPLICANT:**

MAKE/MODEL: \_\_\_\_\_ PLATE: \_\_\_\_\_ STATE: \_\_\_\_\_

PERIOD OF TIME FOR WHICH SOLICITOR'S PERMIT IS NEEDED: \_\_\_\_\_  
(PLEASE NOTE **NO** PERMIT MAY BE GRANTED FOR LONGER THAN A 180 DAY PERIOD)

**IF ADDITIONAL SPACE IS NEEDED TO ANSWER THE QUESTIONS, PLEASE UTILIZE ADDITIONAL PAGES.**

**ANY FALSE INFORMATION GIVEN, OR FAILURE TO ACCURATELY COMPLETE THE APPLICATION, WILL BE GROUNDS FOR DENIAL OF PERMIT. FAILURE TO COMPLY WITH THE RULES AND CONDITIONS OF APPROVED PERMIT(S) WILL RESULT IN ITS REVOCATION AS DETERMINED BY THE CHIEF OF POLICE OR HIS DESIGNEE.**

**ALL APPLICANTS ARE SUBJECT TO A \$50 FEE. ALL APPLICANTS ARE ALSO SUBJECT TO ABIDE WITH ANY REQUIREMENTS OF THE CIVIL FINGERPRINTING BYLAW AND ANY APPLICABLE FEES ASSOCIATED THEREOF.**

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE



\*\*\*\*\* **ALL INFORMATION BELOW FOR POLICE USE ONLY** \*\*\*\*\*

ID CONFIRMED?  YES  NO    SOLICITOR PERMIT FEE PAID?  YES  NO

CIVIL FINGERPRINTING BYLAW FEE PAID?  YES  NO    INDIVIDUAL FINGERPRINTED  YES  NO

MA. B.O.P.? \_\_\_\_\_ TRIPLE I? \_\_\_\_\_ WARRANTS? \_\_\_\_\_

COMPANY CONFIRMED?  YES  NO    BETTER BUSINESS BUREAU CHECK \_\_\_\_\_

PERMIT APPROVED BY: \_\_\_\_\_ DATE APPROVED: \_\_\_\_\_

PERMIT ISSUED BY: \_\_\_\_\_ DATE ISSUED: \_\_\_\_\_

ENTERED INTO IMC:  YES  NO    IMC REGISTRATION NUMBER: \_\_\_\_\_