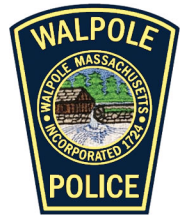




# WALPOLE POLICE DEPARTMENT



## APPLICATION FOR SOLICITING

The following data must be submitted for each solicitor

Name of Applicant: \_\_\_\_\_ D.O.B: \_\_\_\_\_

Home Address: \_\_\_\_\_ City/State: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Phone #: \_\_\_\_\_

Prior address if less than 3 years: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ License State: \_\_\_\_\_

If soliciting is to be done in the interest of a group, firm or organization

Business/Organization Name: \_\_\_\_\_

Business/Organization Address: \_\_\_\_\_

Business/Organization Contact Person: \_\_\_\_\_

Business/Organization Contact Phone #: \_\_\_\_\_

Please describe nature of business or solicitation intentions in detail: \_\_\_\_\_

\_\_\_\_\_

Date of requested soliciting: \_\_\_\_\_ Hours requested: \_\_\_\_\_

Please list the last three (3) communities (if any) in which you have conducted a solicitation or canvassing operation: \_\_\_\_\_

\_\_\_\_\_

Motor Vehicle Information

Vehicle registration number & state: \_\_\_\_\_

Vehicle owner name: \_\_\_\_\_

Vehicle owner address: \_\_\_\_\_

**Criminal History**

List date and nature of any criminal conviction within the past five (5) years.  
*(Incomplete or inaccurate answers are grounds for denial of application)*

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**\*Please Note: Applicants are required to:**

- Turn in a copy of a photo ID card (e.g. driver’s license, passport) **with this application.**
- Furnish a 2”x 2” Passport-like Photo **with this application** so that it may be affixed to your Permit.
- Furnish a bank check or money-order, **with this application**, in the amount of \$10/per person made payable to the “Town of Walpole.”
- Upon submission of an application, each applicant will be individually contacted to schedule an appointment for civil fingerprinting, in accordance with M.G.L. ch.6 §.172B1/2 and Walpole Town Bylaws. Fingerprinting is required once per 12 month period by each person requesting permits/licenses from the Town of Walpole.
- On the date of fingerprinting, each applicant must furnish two bank checks or money orders, one for \$30 made payable to the “Commonwealth of Massachusetts,” and one for \$70 made payable to the "Town of Walpole." These payments are in addition to the \$10 application fee for the solicitors permit submitted with this application.

I, the undersigned applicant, hereby affirm that the information contained in this application is true and accurate, to the best of my knowledge. I understand that failure to submit complete and accurate answers, or failure to submit the required items listed above, may be grounds for a denial of the application.

\_\_\_\_\_  
(Signature of Applicant)

\_\_\_\_\_  
(Date)

**Department Use Only**

Approved By: \_\_\_\_\_

Date: \_\_\_\_\_

Denied By: \_\_\_\_\_

Date: \_\_\_\_\_