



APPLICATION FOR DOOR-TO-DOOR SOLICITOR'S LICENSE

Name of Applicant _____

Address _____

City/State, Zip _____

Cell # _____

SSN: _____ - _____ - _____

Date of Birth: _____ / _____ / _____

Height: _____ Weight _____

Hair Color: _____ Eye Color: _____

License is requested (Max 90 Days) from: _____ to _____ (Start Date) (End Date) Days on which soliciting will occur: _____

Time of day during which soliciting will occur:

_____ Describe the intended type of soliciting (include type of the business, and the type of goods to be sold, if any).



Name of Employer (if self-employed list "self"):

Address of

Employer: _____

Number/ Street _____

Contact # _____

City/ State / Zip _____

Vehicle Registration #: _____

Vehicle Color: _____ Vehicle Year: _____

Vehicle Make: _____

Vehicle Model: _____

Are you paid or compensated in any way for your soliciting activity? Yes No

I declare that the above facts are true and complete to the best of my knowledge and belief and I understand that any false answer(s) will be just cause for denial or revocation of my License to Solicit. Signed under the penalties of perjury this _____ day of _____, _____ . (day)(month) (year)

Signature of Applicant: _____

In order to submit this application, you must make an appointment. Before requesting an appointment, please read and understand the entire text of the solicitation by-law (available at www.town.rockland.ma.us). To arrange an appointment, call Ofc Jeffrey Drenzo 781-871-3890 Ext 124.

DEPARTMENT USE ONLY

Received _____ Approved _____ Denied _____ Investigator _____