

## **Police Department**

129 Rockland Street / PO Box 214 Hanover, MA 02339-0214 Telephone: 781-826-3811

Fax: 781-826-7993

#### INSTRUCTIONS FOR APPLYING FOR A SOLICITATION PERMIT

- 1. Page 1 of the application must be filled out completely by owner/manager of business, firm, group or organization.
- 2. Page 2 must be filled out completely by each individual person who intends to actually do the soliciting. Please attach information on each driver and each vehicle as requested (i.e.: copy of drivers license and registration).
- 3. The completed application needs to be turned into the Hanover Police Department; at that time all information will be run both in our in-house computer system and through a CORI check.
- 4. The Hanover Police Department will then contact the applicant on Page 1 within 20 days on whether a solicitation permit has been issued or the application has been denied. Please refer to the Town of Hanover Solicitation By-Law for more information.
- 5. Once an application has been approved a fee of \$25.00 must be paid at the Town of Hanover Tax Collectors Office. A receipt of payment must be provided to pick up permits at the Hanover Police Department. The permit must be carried at all times when soliciting within the Town of Hanover.



# TOWN OF HANOVER

HANOVER, MASSACHUSETTS 02339

Board of Selectmen

(781) 826-2261 (781) 826-5010

Page 1 of 2	Approved:
_	
	Disapproved:

# APPLICATION FOR SOLICITATION PERMIT TOWN OF HANOVER

(Please print or type)

CONTACT NAME FOR SOLICITING:				
CONTACT NUMBER:  (please note this person must be available)	e at any time durin	g solicitation l	nours.)	
FOR WHOM WILL YOU BE SOLICITING:				
STATE PURPOSE OF SOLICITING:				
TIME PERIOD OF SOLICITING:	Dates:			
FOR WHAT AREA OF THE TOWN OF HAN		SEEKING T	HIS PERM	(IT:
ARE YOU REGISTERED WITH ALL NECESS	ARY STATE AGE	ENCIES?	Yes/No	
WILL EACH CANVASSER CARRY A PHOTO AND YOUR ORGANIZATION?	ID THAT CLEAF	RLY IDENTIF	TIES HIM/H Yes/No	IER
WILL EACH CANVASSER CONDUCT PROFESSIONALLY AT ALL TIMES?	HIM/HERSELF	COURTEOU	USLY A Yes/No	.ND
Signature of Applicant		Date		
Organization of Applicant				

Please attach information on each driver and each vehicle as requested on the next page.

CORPORATION/INDIVIDUAL	NAME:

### REQUESTED INFORMATION UPON APPROVAL FOR A PERMIT.

REQUESTED IIVI ORIVITIES	1011 01 011	THE PROPERTY OF	711 BIW/111.
FOR EACH PERSON WHO		CANVASSING, PL	EASE PROVIDE THE
FOLLOWING INFORMATI	ON:		
FULL NAME:			
ADDRESS:			
CITY:		STATE:	ZIP CODE:
TELEPHONE #:			
CELL #:			
PRIOR ADDRESS (if at abo	ve address le	ess than 3 years):	
HEIGHT: WEIGH	IT:	EYE COLOR: _	DOB:
DRIVERS LICENSE OR RE (Attach Copy)	EGISTRY #:		STATE:
HAVE YOU EVER BEEN A If Yes, please explain:			
THERE IS A \$25.00 PERM TO THE TOWN OF HAS SOLICITATION PERMIT	MIT FEE PI NOVER CO	ER APPLICATIO	ON THAT MUST BE PAID
MAKE AND MODEL OF V VEHICLE PLATE #			STATE: