



## Town of Hanover

**Walter L. Sweeney**  
*Chief of Police*

## 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 driver's 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. A nonrefundable solicitation permit fee must be paid to process applications. If paying by check please make the check payable to The Town of Hanover. No cash will be accepted with applications unless arrangements have been made with the Chief's Administrative Assistant to pay in person. **SCHEDULE OF FEES:** \$25.00 for 1 to 4 people, \$50.00 for 5 to 9 people, or \$100.00 for 10 or more people must be paid at the Hanover Police Department.
5. 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. If issued, the permit must be carried at all times when soliciting within the Town of Hanover. Please refer to the Town of Hanover Solicitation By-Law for more information.
6. All permits are issued for 60 days. If a permit needs to be extended a written request must be submitted by the applicant on Page 1 and turned into the police department. If a permit has expired over 30 days the process of applying must be restarted and the applicable fee will be charged.



**TOWN OF HANOVER**  
**BOARD OF SELECTMEN**  
 550 HANOVER STREET, SUITE 29  
 HANOVER, MASSACHUSETTS 02339  
 781-826-5000 ext. 1084

*Board of Selectmen*

APPROVED

DISAPPROVED

**APPLICATION FOR SOLICITATION PERMIT**

(please print or type)

**TO BE COMPLETED BY MANAGER/OWNER OF COMPANY:**

CONTACT NAME FOR SOLICITING: \_\_\_\_\_  
*THIS PERSON MUST BE AVAILABLE AT ALL TIMES DURING SOLICITATION HOURS*

CONTACT NUMBER: \_\_\_\_\_

BUSINESS/COMPANY NAME: \_\_\_\_\_

BUSINESS/COMPANY ADDRESS: \_\_\_\_\_

STATE PURPOSE OF SOLICITING:

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I UNDERSTAND THAT SOLICITATION PERMITS ARE GRANTED AT 60 DAY INTERVALS ONLY: YES  NO

I UNDERSTAND THAT SOLICITATION HOURS ARE ONLY PERMITTED FROM 10:00 A.M. THROUGH DUSK: YES  NO

DATES:	
START TIME:	

I UNDERSTAND THAT THERE ARE NONREFUNDABLE APPLICATION FEES THAT MUST BE PAID WHEN THE APPLICATION IS SUBMITTED  
 \*PLEASE REFER TO INSTRUCTIONS FOR SCHEDULE OF FEES YES  NO

ARE YOU REGISTERED WITH ALL NECESSARY STATE AGENCIES? YES  NO

I UNDERSTAND THAT EACH SOLICITOR IS TO CARRY A PHOTO ID THAT CLEARLY IDENTIFIES HIM/HER AND YOUR ORGANIZATION: YES  NO

I UNDERSTAND THAT EACH SOLICITOR IS TO CONDUCT HIM/HER SELF COURTEOUSLY AND PROFESSIONALLY AT ALL TIMES: YES  NO

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Organization of Applicant

\_\_\_\_\_  
Corporation/Individual Name

**REQUESTED INFORMATION UPON APPROVAL FOR A PERMIT:**

**PLEASE PROVIDE THE FOLLOWING INFORMATION FOR EACH PERSON WHO WILL BE CANVASSING:**

FULL NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

TELEPHONE #: \_\_\_\_\_ CELL PHONE #: \_\_\_\_\_

PRIOR ADDRESS (if at the above address for less than three (3) years):

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_ EYE COLOR: \_\_\_\_\_ DOB: \_\_\_\_\_

DRIVERS LICENSE OR REGISTRY #: \_\_\_\_\_ STATE: \_\_\_\_\_  
(ATTACH A COPY)

I UNDERSTAND A VALID COPY OF A DRIVERS LICENSE OR A PICTURE  
ID IS REQUIRED FOR THE APPLICATION TO BE PROCESSED: YES  NO

HAVE YOU EVER BEEN ARRESTED OR CONVICTED OF ANY CRIME? YES  NO   
If yes, please explain: \_\_\_\_\_

I UNDERSTAND THE POLICE CHIEF HAS 20 DAYS TO APPROVE OR  
REJECT THIS APPLICATION: YES  NO

I UNDERSTAND THIS PERMIT IS NON-TRANSFERABLE AND VALID  
FOR THE PERSON WHOSE INFORMATION IS CONTAINED THEREIN  
AND ONLY FOR THE PURPOSE STATED: YES  NO

MAKE & MODEL OF VEHICLE: \_\_\_\_\_

VEHICLE PLATE #: \_\_\_\_\_ STATE: \_\_\_\_\_

I UNDERSTAND A VALID COPY OF THE VEHICLE REGISTRATION IS  
REQUIRED FOR THE APPLICATION TO BE PROCESSED: YES  NO

I UNDERSTAND THE APPLICATION WILL BE REJECTED IF NOT COMPLETE: YES  NO

I UNDERSTAND THE APPLICATION WILL BE REJECTED IF NOT  
ANSWERED TRUTHFULLY: YES  NO