

Attach Applicant
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Received: _____

Approved: _____

Denied: _____

Investigator: _____

Expiration Date: _____

APPLICATION FOR DOOR-TO-DOOR SOLICITOR'S LICENSE

PERSONAL INFORMATION

Name of Applicant: _____

(Last / First / Middle)

Address:

(Local and Permanent)

Number / Street / Apartment

City / State / Zip Code

Number / Street / Apartment

City / State / Zip Code

Date of Birth: _____ Height: _____ Weight: _____
(MM/DD/YYYY) (Feet/Inches) (Pounds)

Social Security #: _____ Hair Color: _____ Eye Color: _____

Local Telephone #: _____ Cellular Telephone #: _____

VEHICLE INFORMATION

Vehicle License Plate #: _____ State of Issue: _____

Vehicle Make: _____ Vehicle Model: _____

Year of Vehicle: _____ Color of Vehicle: _____

APPLICATION FOR DOOR-TO-DOOR SOLICITOR'S LICENSE (Page 2)

BUSINESS INFORMATION / DOOR-TO-DOOR ACTIVITY

License is needed from: _____ to _____
Start Date (MM/DD/YYYY) End Date (MM/DD/YYYY)

Time of Day When Soliciting Will Occur: _____

Dates on Which Soliciting Will Occur: _____

Name of Employer: _____
(If self employed, please enter "self")

Employer Address: _____
(Number / Street / Apartment)

(City / State / Zip Code)

Are you paid or compensated in any way for your soliciting activity? _____
(yes or no)

Please describe the intended type of soliciting (Including the type of business, the type of goods to be sold, if any, etc...)

I declare that the above facts (Page 1 and Page 2) are true and complete to the best of my knowledge and belief. I understand that ANY FALSE, INCOMPLETE, OR MISLEADING ANSWER WILL BE GROUNDS FOR DENIAL OR REVOCATION of my License to Solicit within the Town of Cohasset.

Signed under the pains and penalties of perjury this _____ day of _____, _____
(Day) (Month) (Year)

Signature of Applicant: _____