

TOWN OF HINGHAM



DEPARTMENT OF POLICE

STEVEN D. CARLSON
CHIEF OF POLICE

212 CENTRAL STREET
HINGHAM, MA 02043

TEL: (781) 749-1212
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Approved: _____

Disapproved: _____

APPLICATION FOR SOLICITATION PERMIT
(Please Print or Type)

FOR WHOM WILL YOU BE SOLICITING: _____

STATE PURPOSE OF SOLICITING: _____

TIME PERIOD OF SOLICITING: Dates: _____
Hours: _____

FOR WHAT AREA OF THE TOWN OF HINGHAM ARE YOU SEEKING THIS PERMIT: _____

ARE YOU REGISTERED WITH ALL NECESSARY STATE AGENCIES? Yes/No

WILL EACH CANVASSER CARRY A PHOTO ID THAT CLEARLY IDENTIFIES HIM/HER AND YOUR ORGANIZATION? Yes/No

WILL EACH CANVASSER CONDUCT HIM/HERSELF COURTEOUSLY AND PROFESSIONALLY AT ALL TIMES? Yes/No

Signature of Applicant

Date

Organization of Applicant

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

Application for Solicitation Corporation/Individual Name: _____

REQUESTED INFORMATION UPON APPROVAL FOR A PERMIT

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

FULL NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE: _____ CELL: _____

PRIOR ADDRESS (If above address less than 3 years):

HEIGHT: _____ EYE COLOR: _____ HAIR COLOR: ____ DOB: _____

DRIVERS LICENSE OR REGISTRY # _____ STATE: _____
(Attach copy)

HAVE YOU EVER BEEN ARRESTED OR CONVICTED OF ANY CRIME: Yes/No
If Yes, please explain: _____

THERE IS A \$25.00 PERMIT FEE (PER ORGANIZATION) THAT MUST BE PAID TO THE "TOWN OF HINGHAM" UPON APPROVAL OF THE SOLICITATION PERMIT.

MAKE AND MODEL OF VEHICLE: _____
VEHICLE PLATE # _____ STATE: _____