

Dover Police Department

APPLICATION FOR SOLICITATION

APPLICANT INFORMATION		
Name:	DOB:	
Home Address:		
Temp. Address:		
SSN:	Cell:	
EMPLOYER INFORMATION		
Name:	Phone:	
Address:		
Nature of Solicitation:		
Expected dates:	START	END

Acknowledgement: I hereby certify by my signature that all information I provided regarding this application is true to the best of my knowledge. I further understand that any violations of the conditions set forth in Chapter 137 of the by-laws for the Town of Dover will result in immediate denial or revocation of this permit.

Signature:	Date:
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FOR POLICE USE ONLY					
Has the applicant been convicted of any violation of any solicitor or canvassing bylaw?					
				YES	NO
If yes, location:					
Was the applicant checked in the MA BOP?					
				YES	NO
Applicant photographed?					
				YES	NO
Did applicant show Gov't photo ID?					
				YES	NO
Race:	Sex:	Hair:	Hgt:	Wgt:	Eye:
Interviewing Officer:					