



DEPARTMENT USE ONLY

Received _____
Approved _____
Denied _____
Investigator _____

APPLICATION FOR DOOR-TO-DOOR SOLICITOR'S LICENSE

Name of Applicant _____

Address
(local and permanent) _____
Number / Street

City / State / Zip

Number / Street

City / State / Zip

Date of Birth: ____ / ____ / ____ Height: ____ Weight: ____

SSN: ____ - ____ - ____ Hair Color: ____ Eye Color: ____

License is needed from: _____ to _____
(Start Date) (End Date)

Days on which soliciting will occur: _____

Time of day during which soliciting will occur: _____

Describe the intended type of soliciting (include type of the business, and the type of goods to be sold, if any).

Name of Employer (if self-employed list "self"): _____

Address of Employer: _____

Number / Street

City / State / Zip

Vehicle Registration #: _____ Vehicle Color: _____

Vehicle Year: _____ Vehicle Make: _____ Vehicle Model: _____

Are you paid or compensated in any way for your soliciting activity? Yes No

I declare that the above facts are true and complete to the best of my knowledge and belief and I understand that any false answer(s) will be just cause for denial or revocation of my License to Solicit.

Signed under the penalties of perjury this _____ day of _____, _____ .
(day) (month) (year)

Signature of Applicant: _____

In order to submit this application you must make an appointment. Before requesting an appointment, please read and understand the entire text of the solicitation by-law (available at www.town.duxbury.ma.us). To arrange an appointment, call Officer John Mann x1176 or by email at JMann@duxbury-ma.gov .

At the time of processing you will need a check or money order made payable to "Town of Duxbury" for \$45.00. You will need a separate check or money order made payable to "Commonwealth of Massachusetts" for \$30.00.

