## **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 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. Applications must be turned in at the same time to qualify for group rates.
- 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

HANOVER, MASSACHUSETTS 02339

Board of Selectmen

(781) 826-2261 (781) 826-5010

Page 1 of 2

Approved:	
Disapproved	

# APPLICATION FOR SOLICITATION PERMIT TOWN OF HANOVER

(Please print or type)

To be completed by manager/owner of company:

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CONTACT NAME ALL FOR SOLICITING:  *PLEASE NOTE THIS PERSON MUST BE AVAILA HOURS AND DATES. CONTACT NUMBER:	BLE AT ALL TIME	ES DURING SOLICITATION	
BUSINESS/COMPANY NAME:			
BUSINESS/COMPANY ADDRESS:			
STATE PURPOSE OF SOLICITING:			
I UNDERSTAND THAT SOLICITATION PERMIT ONLY: YES NO	S ARE GRANTED	AT 60 DAY INTERVALS	
I UNDERSTAND THAT SOLICITATION HOURS THROUGH DUSK: YES NO	ARE ONLY PERM	MITTED FROM 10:00 AM	
TIME PERIOD OF SOLICITING:	Dates:		
I UNDERSTAND THAT THERE ARE APPLICATION OF SUBMITTING APPLICATIONS AND ARE NONE *PLEASE REFER TO INSTRUCTIONS FOR SCHEDULE	EFUNDABLE. YES		
ARE YOU REGISTERED WITH ALL NECESSARY S	TATE AGENCIES?	Yes/No	
I UNDERSTAND THAT EACH SOLICITOR IS TO IDENTIFIES HIM/HER AND YOUR ORGANIZATION		OTO ID THAT CLEARLY	
I UNDERSTAND THAT EACH SOLICITOR IS TO AND PROFESSIONALLY AT ALL TIMES? YES NO		HERSELF COURTEOUSLY	
Signature of Applicant	Date		
Organization of Applicant			

TRUTHFULLY: YES NO

CORPORATION/INDIVIDUAL	NAME:

#### REQUESTED INFORMATION UPON APPROVAL FOR A PERMIT.

FULL NAME:			
ADDRESS: _			
CITY:		STATE:	ZIP CODE:
TELEPHONE:	#:		
CELL #			
PRIOR ADDR	ESS (if at above addre	ess less than 3 years):	
HEIGHT:	WEIGHT:		DOB:
DRIVERS LIC (Attach Copy)	ENSE OR REGISTR	Y #:	STATE:
(Attach Copy)			
		PY OF DRIVERS LI ON TO BE PROCESSE	CENSE OR A PICTURE ID D: YES NO
			OF ANY CRIME? YES NO
I UNDERSTA APPLICATION		IIEF HAS 20 DAYS T	TO APPROVE OR REJECT TI
APPLICATIO	N: YES NO		
PERSON WH			FERABLE AND VALID FOR T HEREIN AND ONLY FOR T
MAKE AND N	MODEL OF VEHICLE	E:	
VEHICLE PLA	ATE#		STATE:
	ND A VALID COPY ATION TO BE PROCI		GISTRATION IS REQUIRED F
I UNDERSTA YES NO	ND THAT THE APP	PLICATION WILL BE	REJECTED IF NOT COMPLE

I UNDERSTAND THAT THE APPLICATION WILL BE REJECTED IF NOT ANSWERED