



**TOWN OF WEST BRIDGEWATER  
APPLICATION FOR DOOR TO DOOR SALES**

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**INSTRUCTIONS (This is a multi-part form)**

1. Answer all questions. Unanswered questions are reasons to reject application.
2. **Take this form and a check for \$100.00 made out to the Town of West Bridgewater,** to the Police Station, 99 W. Center St.
3. **Every Solicitor etc. must be fingerprinted(see attached copy of the Town's Fingerprinting Policy) and supply a copy of their drivers license.**
4. Pursuant to Chapter 101, Section 34 an inquiry will be made to determine if (1) you have been convicted of a felony, (2) are you a fugitive from justice or (3) have been charged with a felony while engaged as a sales agent or sales supervisor. Warrants, Criminal History, Missing Persons and Sex Offender Registry files will be checked.
5. You can call the Police Station (508) 894-1294 in seven to ten days for result of inquiry.
6. This form will then be returned to the Town Clerk's Office.
7. The Town Clerk's Office will issue the permit and call you when it is ready to be picked up.

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➤ **PRINT OR TYPE PLEASE**

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ MI: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Current Local Address: \_\_\_\_\_ Phone #: \_\_\_\_\_  
\_\_\_\_\_

Have you ever lived outside Massachusetts? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes list state(s) and approximate dates:

State: \_\_\_\_\_ Dates: \_\_\_\_\_

State: \_\_\_\_\_ Dates: \_\_\_\_\_

State: \_\_\_\_\_ Dates: \_\_\_\_\_

Non-Profit? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, Organization Name: \_\_\_\_\_

Have you registered with the Attorney General Division of Public Charities? Yes \_\_\_\_\_ No \_\_\_\_\_

Product(s)/Service(s) you are selling:

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The length of time you are requesting permit for: Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Self Employed? Yes \_\_\_\_\_ No \_\_\_\_\_

If No, provide name and address of employer: \_\_\_\_\_  
\_\_\_\_\_

Your Supervisor: \_\_\_\_\_ Phone#: \_\_\_\_\_

Will additional Sales Agents be working under this application? Yes \_\_\_\_\_ No \_\_\_\_\_

**If yes all must be listed on the Sales Agent List! All Sales Agents must be fingerprinted. You must supply a copy of All Sales Agent's Driver's License with this application.**

Have you ever been convicted of a Felony? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes Location: \_\_\_\_\_ Date: \_\_\_\_\_ Disposition: \_\_\_\_\_

Have you ever been charged with a crime while engaged as a Sales Agent or Sales Supervisor? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes Location: \_\_\_\_\_ Date: \_\_\_\_\_

Charge: \_\_\_\_\_ Disposition: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

➤ DO NOT WRITE IN SHADED AREA

Date received by Dispatch: _____ By: _____
Date Paid _____ Check # _____
Case# Assigned: _____ Action Code: 920-License Procedure

To the Town Clerk:

I have received this application and have indicated on the Sales Agent List who is eligible to receive permission to solicit under this application.

Chief or Designee: \_\_\_\_\_ Date: \_\_\_\_\_

➤ **WARNING! A PERMIT TO SOLICIT MAY BE REVOKED FOR "GOOD CAUSE" BY A POLICE CHIEF.**

RESTRICTIONS: Yes \_\_\_\_\_ No \_\_\_\_\_

LIST RESTRICTIONS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

➤ **SOLICITATION DURING DAYLIGHT HOURS ONLY.**