

WAKEFIELD POLICE DEPARTMENT
REGISTRATION APPLICATION
FOR
DOOR-TO-DOOR SOLICITORS
\$25.00 Non-refundable Fee

NAME OF APPLICANT: _____

HOME ADDRESS: _____

TELEPHONE HOME _____ BUSINESS _____ CELL _____

SOCIAL SECURITY NUMBER: _____ D.O.B. _____

NAME OF BUSINESS _____

BUSINESS ADDRESS _____

NAME AND ADDRESS OF BUSINESS OR PRINCIPLE OFFICER(S)

YOUR POSITION: SALES AGENT _____ SALES SUPERVISOR _____

DESCRIBE NATURE OF BUSINESS _____

VEHICLES UTILIZED IN BUSINESS:

VEHICLE #1

MAKE: _____ TYPE: _____ YEAR: _____ COLOR: _____

REGISTRATION # _____ STATE OF REGISTRATION _____

VEHICLE OWNER _____ VIN: _____

VEHICLE #2

MAKE: _____ TYPE: _____ YEAR: _____ COLOR: _____

REGISTRATION # _____ STATE OF REGISTRATION _____

VEHICLE OWNER: _____ V.I.N: _____

HAVE YOU, IN THE LAST FIVE YEARS, BEEN ARRESTED OR CHARGED WITH A FELONY OR ANY TYPE OF ASSAULT, VIOLENT CRIME, THEFT, FRAUD, BREAKING AND ENTERING OR TRESPASS?
IF YES, WHAT WERE THE CRIMES(S) AND DISPOSITION(S)?

ARE THERE ANY FELONY CHARGES OR CHARGES FOR THE ABOVE MENTIONED OFFENSES PENDING AGAINST YOU IN ANY COURTS?

LIST EVERY STATE WHERE YOU HAVE WORKED OR RESIDED _____

PROPOSED DATES, HOURS AND METHOD OF OPERATION IN THE TOWN OF WAKEFIELD

APPLICANT MUST COMPLY WITH MA. GENERAL LAW C.101 s.01 THRU 34

THIS APPLICATION IS SUBSCRIBED TO ON THIS DATE _____, UNDER THE PAINS AND PENALTIES OF PERJURY. I SWEAR THAT THE CONTENTS OF THIS APPLICATION ARE TRUE AND THAT I DID NOT OMIT ANY REQUESTED INFORMATION.

SIGNATURE OF APPLICANT

BELOW FOR POLICE ONLY

CHSB CHECK	_____	Identification Presented (lic,passport,etc.)
TRIPLE I CHECK	_____	
RMV CHECK	_____	
INTERSTATE QUERY	_____	
WARRANT QUERY	_____	Verified by:
209A ORDER ISSUED	_____	
DRIVER HISTORY	_____	
FINGERPRINTS	_____	
PHOTOGRAPHS	_____	

APPROVED: _____ DATE _____

WAKEFIELD POLICE DEPARTMENT
REGISTRATION APPLICATION
FOR
DOOR-TO-DOOR SOLICITORS
\$25.00 Non-refundable Fee

NAME OF APPLICANT: _____

HOME ADDRESS: _____

TELEPHONE HOME _____ BUSINESS _____ CELL _____

SOCIAL SECURITY NUMBER: _____ D.O.B. _____

NAME OF BUSINESS _____

BUSINESS ADDRESS _____

NAME AND ADDRESS OF BUSINESS OR PRINCIPLE OFFICER(S)

YOUR POSITION: SALES AGENT _____ SALES SUPERVISOR _____

DESCRIBE NATURE OF BUSINESS _____

VEHICLES UTILIZED IN BUSINESS:

VEHICLE #1

MAKE: _____ TYPE: _____ YEAR: _____ COLOR: _____

REGISTRATION # _____ STATE OF REGISTRATION _____

VEHICLE OWNER _____ VIN: _____

VEHICLE #2

MAKE: _____ TYPE: _____ YEAR: _____ COLOR: _____

REGISTRATION # _____ STATE OF REGISTRATION _____

VEHICLE OWNER: _____ V.I.N: _____

HAVE YOU, IN THE LAST FIVE YEARS, BEEN ARRESTED OR CHARGED WITH A FELONY OR ANY TYPE OF ASSAULT, VIOLENT CRIME, THEFT, FRAUD, BREAKING AND ENTERING OR TRESPASS?
IF YES, WHAT WERE THE CRIMES(S) AND DISPOSITION(S)?

ARE THERE ANY FELONY CHARGES OR CHARGES FOR THE ABOVE MENTIONED OFFENSES PENDING AGAINST YOU IN ANY COURTS?

LIST EVERY STATE WHERE YOU HAVE WORKED OR RESIDED _____

PROPOSED DATES, HOURS AND METHOD OF OPERATION IN THE TOWN OF WAKEFIELD

APPLICANT MUST COMPLY WITH MA. GENERAL LAW C.101 s.01 THRU 34

THIS APPLICATION IS SUBSCRIBED TO ON THIS DATE _____, UNDER THE PAINS AND PENALTIES OF PERJURY. I SWEAR THAT THE CONTENTS OF THIS APPLICATION ARE TRUE AND THAT I DID NOT OMIT ANY REQUESTED INFORMATION.

SIGNATURE OF APPLICANT

BELOW FOR POLICE ONLY

CHSB CHECK	_____	Identification Presented (lic,passport,etc.)
TRIPLE I CHECK	_____	
RMV CHECK	_____	
INTERSTATE QUERY	_____	
WARRANT QUERY	_____	Verified by:
209A ORDER ISSUED	_____	
DRIVER HISTORY	_____	
FINGERPRINTS	_____	
PHOTOGRAPHS	_____	

APPROVED: _____ DATE _____