



# WAKEFIELD POLICE DEPARTMENT

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One Union Street, Wakefield, Massachusetts, 01880

Emergency 911

Business 781-245-1212

Administration 781-246-6323

FAX 781-245-1299

## APPLICATION FOR SOLICITING

Applicant must comply with M.G.L. c101 §1-§34 & Applicable Wakefield Town Bylaws

Pursuant to Massachusetts General Law c.6, § 172B1/2 and Wakefield General Bylaw c.143 §1-6, the Town of Wakefield now requires fingerprint-based national criminal record checks on applicants for certain municipal licenses.

- **The fee for fingerprinting is \$100.** This fee is separate from any fee that may be charged for the respective license / permit. A bank check or money order for \$30 must be made out to “**The Commonwealth of Massachusetts.**”  
A check or money order for \$70 must be made out to “**Town of Wakefield.**”
- Application for a certificate of registration (permit) shall be made upon a form provided by the Police Department along with a nonrefundable **application fee of \$25.**
- Fingerprinting is done by appointment only. Appointments are to be made through the Wakefield PD Records Unit at 339-219-4509.
- Applicants will be photographed at the time of fingerprinting.
- Applicant must sign consent form(s) before the department conducts fingerprinting.
- Applications will not be processed unless all paperwork is complete and accompanied by appropriate payment.
- Positive state-issued photo ID or valid Military photo ID must be presented for identification purposes at time of fingerprinting.
- **NOTE: Please submit the completed application along with fingerprinting fee(s) and any other required paperwork together in a complete package.**
- **It shall be unlawful for any person to solicit or canvas or engage in or conduct business as a canvasser or solicitor without first having obtained a certificate of registration from the Chief of Police as provided in this section.**
- **All canvassing or soliciting shall be confined to the hours between 10.00 a.m. and 8:00 p.m. throughout the year.**
- **ID Card / Permit must be plainly visible (ie. worn on outer garment, etc)**



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### The following data must be submitted for each solicitor

NAME OF APPLICANT: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_ CITY/TOWN: \_\_\_\_\_

LOCAL ADDRESS (IF DIFFERENT): \_\_\_\_\_

SOCIAL SECURITY #: \_\_\_\_\_ PHONE: \_\_\_\_\_

PRIOR ADDRESS IF LESS THAN 3 YEARS: \_\_\_\_\_

### If soliciting is to be done in the interest of a group, firm, or organization

BUSINESS / ORGANIZATION NAME: \_\_\_\_\_

BUSINESS / ORGANIZATION ADDRESS: \_\_\_\_\_

BUSINESS / ORGANIZATION PHONE: \_\_\_\_\_

STATE AND/OR FEDERAL TAX ID NUMBER: \_\_\_\_\_

PLEASE DESCRIBE THE NATURE OF BUSINESS OR SOLICITATION INTENTIONS IN DETAIL: \_\_\_\_\_

PROPOSED HOURS AND METHODS OF SOLICITING: \_\_\_\_\_

PLEASE LIST THE LAST THREE (3) COMMUNITIES, IF ANY, IN WHICH YOU HAVE CONDUCTED A SOLICITATION OR CANVASSING OPERATION: \_\_\_\_\_

### Motor Vehicle Information

VEHICLE REGISTRATION STATE & NUMBER: \_\_\_\_\_

VEHICLE YEAR, MAKE & MODEL: \_\_\_\_\_

VEHICLE OWNER NAME: \_\_\_\_\_

VEHICLE OWNER ADDRESS: \_\_\_\_\_



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### Criminal History

LIST DATE AND NATURE OF ANY CRIMINAL CONVICTIONS OR PENDING CHARGES.  
(INCOMPLETE OR INACCURATE ANSWERS ARE GROUNDS FOR DENIAL OF APPLICATION)

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All information provided is true to the best of my knowledge. I understand that the Wakefield Police Department will do a background check on me and the information contained on this form.  
Signed under the pains and penalties of perjury.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

### POLICE DEPARTMENT USE ONLY

PERMIT ISSUED? \_\_\_\_\_

PERMIT ISSUED BY: \_\_\_\_\_

PERMIT NUMBER: \_\_\_\_\_

ISSUE DATE: \_\_\_\_\_

EXPIRATION DATE: \_\_\_\_\_



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# CIVIL FINGERPRINTING CONSENT FORM

I, \_\_\_\_\_, consent to the collection of my fingerprints as part of the application process for the following license:

\_\_\_\_\_.

I acknowledge and understand that my fingerprints will be searched against databases maintained by the Federal Bureau of Investigation.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name (printed)



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# FBI PROCEDURE FOR CHANGING, CORRECTING OR UPDATING A RECORD

### 28 CFR 16.34:

### PROCEDURE TO OBTAIN CHANGE, CORRECTION OR UPDATING OF IDENTIFICATION RECORDS.

If, after reviewing his/her identification record, the subject thereof believes that it is incorrect or incomplete in any respect and wishes changes, corrections or updating of the alleged deficiency, he/she should make application directly to the agency which contributed the questioned information. The subject of a record may also direct his/her challenge as to the accuracy or completeness of any entry on his/her record to the FBI, Criminal Justice Information Services (CJIS) Division, ATTN: SCU, Mod. D-2, 1000 Custer Hollow Road, Clarksburg, WV 26306. The FBI will then forward the challenge to the agency which submitted the data requesting that agency to verify or correct the challenged entry. Upon the receipt of an official communication directly from the agency which contributed the original information, the FBI CJIS Division will make any changes necessary in accordance with the information supplied by that agency.

Further information can be found at:

<https://www.fbi.gov/services/cjis/identity-history-summary-checks/us-department-of-justice-order-556-73>