



READING POLICE DEPARTMENT

James W. Cormier
Chief of Police

15 Union Street, Reading, Massachusetts 01867
Emergency Only: 911 All Other Calls: 781-944-1212 Fax: 781-944-2893
Web: www.ci.reading.ma.us/police/

CERTIFICATE OF REGISTRATION APPLICATION
DOOR-TO-DOOR SOLICITORS
(NON-REFUNDABLE APPLICATION FEE IS TO ACCOMPANY APPLICATION)

NAME OF APPLICANT: _____

HOME ADDRESS: _____

YEARS AT HOME ADDRESS: _____

TELEPHONE #: HOME: () _____ CELL: () _____

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

NAME OF BUSINESS: _____

ADDRESS: _____

TELEPHONE # () _____

ST. TAX I.D. # _____ FED. TAX I.D. # _____

NAME(S) AND DATES OF BIRTHS OF ALL OFFICERS AND DIRECTORS OF
BUSINESS:

DESCRIBE NATURE OF BUSINESS: _____

VEHICLES UTILIZED IN BUSINESS:

VEHICLE #1

MAKE: _____ MODEL: _____ YEAR: _____ COLOR: _____

REGISTRATION # _____ STATE OF REGISTRATION: _____

VEHICLE OWNER: _____ VIN: _____

VEHICLE #2

MAKE: _____ MODEL: _____ YEAR: _____ COLOR: _____

REGISTRATION # _____ STATE OF REGISTRATION: _____

VEHICLE OWNER: _____ VIN: _____

HAVE YOU, THE SPONSORING ORGANIZATION, OR ANY OF THE ABOVE NAMED OFFICERS AND DIRECTORS, IN THE LAST FIVE YEARS, BEEN CONVICTED OR IMPRISONED FOR A FELONY?

IF YES, WHAT WERE THE CRIMES AND DISPOSITIONS? _____

LIST EVERY STATE WHERE YOU HAVE WORKED OR RESIDED: _____

NAME THE THREE MOST RECENT COMMUNITIES WHERE YOUR BUSINESS HAS SOLICITED MOST RECENTLY:

PROPOSED DATES, HOURS AND METHOD OF OPERATION WITHIN THE TOWN OF READING:

PERIOD OF TIME REQUESTED FOR WHICH THE CERTIFICATE IS APPLIED FOR.
ALL CERTIFICATES SHALL EXPIRE WITHIN ONE YEAR FROM DATE OF ISSUE.

DATE OF THE MOST RECENT PREVIOUS APPLICATION FOR A CERTIFICATE:

ANY PREVIOUS REVOCATIONS OF CERTIFICATES BY ANY TOWN ISSUED TO YOU,
THE BUSINESS, OR ANY OF THE OFFICERS AND DIRECTORS? _____

IF YES, PLEASE EXPLAIN: _____

APPLICANT MUST COMPLY WITH M.G.L. Ch. 101 Sec. 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 AUTHORIZED REPRESENTATIVE

BELOW FOR POLICE USE ONLY

IDENTIFICATION PRESENTED
(DRIVER'S LICENSE, PASSPORT, ETC.)

VERIFIED BY:

APPROVED: _____ DATE: _____

READING POLICE DEPARTMENT SOLICITOR CHECKLIST

NAME: _____

NAME, ADDRESS AND TELEPHONE NUMBER
LENGTH OF RESIDENCE AT ADDRESS

TELEPHONE NUMBER, SOCIAL SECURITY
NUMBER AND DATE OF BIRTH

BUSINESS NAME, ADDRESS AND TELEPHONE
NUMBER

STATE AND FEDERAL TAX I.D. NUMBERS

LIST OF OFFICER AND DIRECTORS

DESCRIPTION OF NATURE OF BUSINESS

VEHICLES UTILIZED IN BUSINESS

FELONY CONVICTIONS IN LAST 5 YEARS

STATES RECENTLY WORKED OR RESIDED

NAME OF 3 MOST RECENT COMMUNITIES
WORKED IN

PROPOSED DATES, HOURS AND METHODS OF
OPERATION

PERIOD OF TIME FOR WHICH CERTIFICATE
IS APPLIED

DATE OF RECENT PREVIOUS APPLICATION

ANY PREVIOUS REVOCATION ISSUED TO THE
ORGANIZATION BY ANY CITY/TOWN

SIGNATURE OF AUTHORIZED REPRESENTATIVE

PHOTO ATTACHED TO APPLICATION

BOP CHECK

TRIPLE I CHECK

RMV CHECK

WARRANT CHECK

DRIVER HISTORY

209A ORDER ISSUED

FEE COLLECTED
(\$25.00)

AUTHORIZED SIGNATURE: _____ DATE: _____