Mark D. Segalla
Chief of Police

READING POLICE DEPARTMENT

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 ____

SIGNITURE 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 SIGNITURE: _____ DATE: _____