



# 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/](http://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: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

# READING POLICE DEPARTMENT SOLICITOR CHECKLIST

NAME: \_\_\_\_\_

NAME, ADDRESS AND TELEPHONE NUMBER	_____	BOP CHECK	_____
LENGTH OF RESIDENCE AT ADDRESS	_____	TRIPLE I CHECK	_____
TELEPHONE NUMBER, SOCIAL SECURITY NUMBER AND DATE OF BIRTH	_____	RMV CHECK	_____
BUSINESS NAME, ADDRESS AND TELEPHONE NUMBER	_____	WARRANT CHECK	_____
STATE AND FEDERAL TAX I.D. NUMBERS	_____	DRIVER HISTORY	_____
LIST OF OFFICER AND DIRECTORS	_____	209A ORDER ISSUED	_____
DESCRIPTION OF NATURE OF BUSINESS	_____	FEE COLLECTED (\$25.00)	_____
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	_____		

AUTHORIZED SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

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

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DATE OF THE MOST RECENT PREVIOUS APPLICATION FOR A CERTIFICATE:

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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.)

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**VERIFIED BY:**

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**APPROVED:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**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? \_\_\_\_\_

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LIST EVERY STATE WHERE YOU HAVE WORKED OR RESIDED: \_\_\_\_\_

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

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

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