TOWN OF NORTH ANDOVER, MASSACHUSETTS
POLICE DEPARTMENT

1475 Osgood Street
North Andover, MA 01845
Tel: 978-683-3168

APPLICATION TO SOLICIT

_____
Name of Applicant | Home Address | City/State

_____ _____ _____
Date of Birth | SS# | Phone

_____ _____ _____
Name of Company/Organization | Address | City/State | Phone

_____ _____
Local Address (while working in this area) | Phone

Requesting permission to solicit/canvas North Andover from_____ to _____
(Maximum 90 days)

Nature of business/description of goods being sold:_____
_____
_____

Vehicle Information:

Make	Model	Year	Color	Registration #	State
_____	_____	_____	_____	_____	_____

Owner: _____Address:_____

List the three communities in which you have most recently done business:
City_____State_____
City_____State_____
City_____State_____

To the best of my knowledge the above information is complete and accurate. I have read and understand Chapter 158 of the General Bylaws of North Andover and promise to abide by the stipulations created therein. I understand that if I violate those regulations my registration card and permission to solicit will be revoked and that I may be subject to fines.

_____ _____
Signature of Applicant | Date

_____