



Town of Stow
POLICE DEPARTMENT

305 Great Road
Stow, Massachusetts 01775

(978) 897-4545
FAX (978) 897-3692

APPLICATION TO SOLICIT

Date: _____

Name of Applicant _____
(PRINT NAME)

Address of Applicant _____
(STREET) (TOWN) (STATE)

Home Phone Number () -

Date of Birth: - - Social Security Number: _____

License Number: _____ License State: _____

Vehicles Used: Plate Number: _____ State: _____

Make: _____ Model: _____ Year: _____ Color: _____

Name of Company: _____

Address of Company: _____
(STREET) (TOWN) (STATE)

Company Phone Number: () -

Type of Business: _____

Type of Soliciting: _____

I _____ have been given a copy of the Town of Stow By-Laws, and DO NOT
(PRINT NAME)

BOTHER list. I will follow all rules and regulations set by the town and State. I understand that if I contact an individual on the list, that I can be subject to arrest. Also, I understand that the Chief of Police may revoke my Permit to Solicit, and that I may be subject to fines, if any of the regulations or laws are not followed. I also understand that the Stow Police Department will conduct a background investigation, and may not issue a permit for an unfavorable result.

(SIGNATURE)

(DATE)

*****POLICE DEPARTMENT USE ONLY BELOW LINE*****

APPROVED _____ NOT APPROVED _____

CHIEF OF POLICE SIGNATURE _____ EXPIRES ON: _____

4/2020