



# Maynard Police Department

Chief Mark W. Dubois



## Solicitor's Permit Application

Date: \_\_\_\_\_

Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

SS#: \_\_\_\_\_ Phone #: \_\_\_\_\_

Hair Color: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Eye Color: \_\_\_\_\_

Company: \_\_\_\_\_

Company Address: \_\_\_\_\_

DATES OF SOLICITATION: \_\_\_\_\_ to \_\_\_\_\_

M/V information: Make: \_\_\_\_\_ Model: \_\_\_\_\_

Year: \_\_\_\_\_ Reg #: \_\_\_\_\_

Owners name & address (if different from above): \_\_\_\_\_

\_\_\_\_\_

Description of goods/services to be sold:

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

To be filled out by Maynard Police

Officer/dispatcher taking information: \_\_\_\_\_

Records check date: \_\_\_\_\_ By: \_\_\_\_\_

WMS \_\_\_\_\_ Q2 \_\_\_\_\_ Q3 \_\_\_\_\_

BOP \_\_\_\_\_ IQ \_\_\_\_\_ (out of state ID)

Permit # \_\_\_\_\_

Return this form filled out with \$25 application fee and two 2"X 2" photograph of the applicant showing the head and shoulders in a clear and distinguished manner (passport photo) to the Maynard Police Department.

197 Main St.  
Maynard, MA 01754

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Fax: 978-897-9315