



# Town of Hubbardston

## DEPARTMENT OF POLICE

7 MAIN STREET, UNIT #9  
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RYAN P. COUTURE  
CHIEF OF POLICE

### APPLICATION FOR SOLICITORS/CANVASSERS LICENSE

NAME OF APPLICANT: \_\_\_\_\_

ADDRESS OF APPLICANT: \_\_\_\_\_  
\_\_\_\_\_

HGT: \_\_\_\_\_ WGT: \_\_\_\_\_ EYE: \_\_\_\_\_ HAIR: \_\_\_\_\_

DRIVER'S LICENSE NUMBER: \_\_\_\_\_ TELEPHONE # \_\_\_\_\_

THE LENGTH OF TIME FOR WHICH THE RIGHT TO DO BUSINESS IS DESIRED: \_\_\_\_\_  
\_\_\_\_\_

A BRIEF DESCRIPTION OF THE NATURE OF THE BUSINESS AND THE GOODS TO BE SOLD: \_\_\_\_\_  
\_\_\_\_\_

A STATEMENT AS TO WHETHER OR NOT THE APPLICANT HAS BEEN CONVICTED OF ANY CRIME OR MISDEMEANER WITHIN TEN YEARS OF THE DATE OF APPLICATION, EXCEPT VIOLATIONS OF MOTOR VEHICLE LAWS AND THE NATURE OF THE OFFENSE.  
\_\_\_\_\_  
\_\_\_\_\_

DESCRIPTION OF MOTOR VEHICLE, THE YEAR, MAKE, MODEL, COLOR, REGISTRATION NUMBER, STATE OF THE REGISTRATION, VEHICLE OWNER AND ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

APPLICANT'S FINGERPRINTS (ATTACH FINGERPRINT CARD TO APPLICATION)

APPLICANT'S DRIVER'S LICENSE (ATTACH PHOTO OF LICENSE TO APPLICATION)

SIGNATURE OF APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_

### SOLICITOR/CANVASSER LICENSE

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

ADDRESS: \_\_\_\_\_

DATE OF ISSUANCE: \_\_\_\_\_ LICENSE # \_\_\_\_\_

LENGTH OF TIME THE LICENSE SHALL BE OPERATIVE: \_\_\_\_\_

ISSUED BY: \_\_\_\_\_