TOWN OF SHREWSBURY
APPLICATION FOR A LICENSE TO SOLICIT AND CANVASS

Please fill out this form completely: DATE_____

NAME: _____

PEMANENT HOME ADDRESS: _____

_____

LOCAL ADDRESS: _____

_____

HEIGHT _____ WEIGHT _____ HAIR COLOR _____ EYE COLOR _____

SOCIAL SECURITY NUMBER: _____ DOB _____

DATES YOU WISH TO SOLICIT: _____

NATURE OF BUSINESS AND GOODS TO BE SOLD _____

_____

NAME AND HOME OFFICE ADDRESS OF EMPLOYER: _____

_____

MAKE OF CAR ____ YEAR _____ MODEL _____ LICENSE _____ STATE _____

VEHICLE OWNER AND ADDRESS _____

_____

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POLICE DEPARTMENT USE ONLY

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RECORD CHECK: LOCAL: _____
Q2 BOP: _____ WMS: _____
IQ: _____ FQ: SID#_____
SOR: _____