



In accordance with Medfield Bylaws
Article IV. Police Regulations
Section 26 Solicitation

**Town of Medfield
Application to Solicit**

Date: _____

Applicant's Name: _____

Home Address: _____

Email Address: _____

Telephone No. _____ Date of Birth: _____

Social Security No. _____ Height _____ Weight _____

Color: Hair _____ Eyes _____

Motor Vehicle Operator's License No. & State: _____

Motor Vehicle Owner and Address: _____

Motor Vehicle Registration No. _____

Motor Vehicle Make: _____ Model: _____ Year: _____

Name of Business: _____

Business Address: _____

Nature of Business and goods to be sold: _____

Non-Profit (Y/N) Other: _____

Permit Number (State or local if any): _____

Time period requested for license (initial approval will be limited to 3-months):

Days of week and hours of solicitation: _____

List of any others who will solicit in Medfield as part of application:

Name	Address	Date of Birth	SS#
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Application Fee: \$10.00

Public Hearing will be required

Applicant's Signature: _____

Approved/Disapproved

Date: _____

Chief of Police