



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 \_\_\_\_\_

**\*\*Once approved by the Select Board, please visit the Police Station to obtain your license.  
You must have your license on you at all times when you are soliciting in Medfield.**