



Ashland Police Department

137 Main Street
Ashland, Massachusetts 01721
Tel. (508) 881-1212 Fax. (508) 881-0105



Instructions for Obtaining a Solicitor Permit

****** If you have a State Peddler Permit you do not need a Solicitor Permit ******

If applying for multiple permits, make sure everyone in the group completes the application accurately and in its entirety, and provides all required information. Failure to do so may result in forfeiture of payment. Applicants must contact 508-881-1212 extension 7986 for appointment to have photographs taken. Photos are Tuesday and Thursday 10a-2p. Applications will not be accepted without below items and payment.

Applicants must provide the following

1. \$10.00 per person payable by check or money order only, made payable to “The Ashland Police Department”.
2. Letter of reference from supervisor / employer on company letterhead indicating how long you have been employed with company. If self-employed, two letters of reference from prior employers.
3. Legible photocopy of driver’s license or valid state identification card.
4. Legible photocopy of motor vehicle registration.
5. Indicate a local address if her temporarily in Massachusetts, and a permanent address is required as well.
6. Indicate all court appearances in all states, utilizing separate sheet of paper if needed. Failure to disclose court appearances results in an automatic disqualification, and forfeiture of payment. If you have been arrested within the last 5 years, please provide a copy of the arrest report. Can be obtained at the police department you were arrested at, or the court you were processed in.
7. Provide the name, address, and phone number of employer, as well as the name of supervisor.

Permits can take approximately 7 – 10 business days to process.

You will be contacted by telephone when the permit is completed and ready.

SOLICITOR APPLICATION

DATE

FIRST NAME

MIDDLE

LAST NAME

STREET ADDRESS

TOWN / CITY

STATE

ZIP CODE

CONTACT PHONE NUMBER

DATE OF BIRTH

SOCIAL SECURITY #

DRIVER'S LICENSE #

STATE

HEIGHT

WEIGHT

HAIR COLOR

EYE COLOR

DESCRIPTION OF GOODS TO BE SOLD

COMPANY NAME

STREET ADDRESS

TOWN / CITY

STATE

ZIP CODE

SUPERVISORS NAME

CONTACT PHONE NUMBER

MOTOR VEHICLE – PLATE NUMBER _____ STATE _____

YEAR _____ MAKE _____ MODEL _____ COLOR _____

REGISTERED OWNER _____

INDICATE ANY COURT APPEARANCES IN MASSACHUSETTS OR ANY OTHER STATE; use separate sheet if needed; _____

By signing this application you are authorizing the Ashland Police Department to do a complete background check before issuing a permit.

SIGNATURE and DATE

CHIEF OF POLICE