



Falmouth Police Department

HAWKER / PEDDLER & SOLICITOR'S PERMIT APPLICATION

_____ Hawker / Peddler Registration Card \$10.00
 For those persons who hold a valid Commonwealth of Massachusetts Hawker / Peddler Permit.
You must submit a COPY of your Massachusetts license with this application
 _____ Town of Falmouth Hawker / Peddler Permit \$50.00
 _____ Solicitor's Permit \$10.00

 LAST NAME FIRST NAME MIDDLE INITIAL

 RESIDENTIAL ADDRESS (INCLUDE NUMBER, STREET, CITY/TOWN, ZIP CODE) TELEPHONE NUMBER

 DATE OF BIRTH PLACE OF BIRTH MOTHER'S MAIDEN NAME FATHER'S NAME IN FULL

 S.S. NUMBER DRIVER'S LICENSE NUMBER HEIGHT WEIGHT HAIR COLOR EYE COLOR

 EMPLOYED BY ADDRESS TELEPHONE NUMBER

 TYPE OF GOODS SOLD

1. Are you a citizen of the United States? _____ If not, citizenship?? _____
2. What is your age? _____ You must be 18yoa to apply for a Hawker / Peddler or Solicitor's Permit.
3. Have you ever been convicted of a felony? _____
4. Have you ever been required by law to register as a sexual offender? _____ if yes, please explain below.
5. Have you ever been convicted of operating under the influence (OUI) of liquor or drugs, as defined in MGL c.94Cs1 _____
6. Have you ever been convicted of the unlawful use, possession or sale of narcotics, as defined in MGL c.94C s1? _____
7. Have you ever appeared in any court as a defendant for any criminal offense, excluding non-criminal traffic offenses? _____
8. Have you ever been under treatment for, or confined to, a hospital or institution for mental illness? _____
9. Are you now, or have you ever been under treatment for or confinement for drug addiction or habitual drunkenness? _____
10. Has your license to operate a motor vehicle ever been suspended, revoked or encumbered? _____

If you answered "yes" to any of the questions, three thru ten, give details which must include dates, circumstances and locations.
 (please attach additional sheets if necessary) _____

 SIGNATURE OF APPLICANT DATE

 OFFICE USE ONLY

COPY OF STATE LICENSE (IF NEEDED) ___ PHOTOS (2) ___ (FEE) CHECK ___ DATE OF BOP _____

REMARKS _____

DATE LICENSE ISSUED _____ LICENSE # _____ - _____
 YEAR NUMBER

LICENSE APPROVED FOR PROCESSING BY: _____
 SUPERVISOR OF RECORDS & LICENSING