



# Application for Permit to Solicit and Sell

## Bourne Police Department

35 Armory Rd, Buzzards Bay, MA 02532  
(508) 759-4451 | <http://www.bournepolice.com>

### Application Type (Select All that Apply):

- Hawker/Peddler
- Transient Vendor
- Door to Door Sales

All applications must be accompanied by \$50 check per individual applicant payable to "Town of Bourne"  
 Please return all applications to: Director of Police Services Paul J. Shastany - eMail: PSHASTANY@TOWNOFBOURNE.COM  
 Bourne Police Department - 35 Armory Rd, Buzzards Bay, MA 02532 - FAX: 508-759-0603

### Application Information:

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Height: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_

Permanent Residential Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Local Residential Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Temporary Local Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Telephone Number: \_\_\_\_\_ Current Cell Number: \_\_\_\_\_

Role With Sales Organization (Select All That Apply):  Owner  Sales Supervisor  Salesperson

### Sales Organization Information:

Organization/Company Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Organization/Company Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Sales Supervisor Name: \_\_\_\_\_

### Vehicle Descriptions (to include any vehicles used to transport the salesperson or material):

#### Vehicle #1:

Vehicle Make: \_\_\_\_\_ Vehicle Model: \_\_\_\_\_ Vehicle Year: \_\_\_\_\_ Color: \_\_\_\_\_

Registration State: \_\_\_\_\_ Registration Number: \_\_\_\_\_

#### Vehicle #2:

Vehicle Make: \_\_\_\_\_ Vehicle Model: \_\_\_\_\_ Vehicle Year: \_\_\_\_\_ Color: \_\_\_\_\_

Registration State: \_\_\_\_\_ Registration Number: \_\_\_\_\_

**LIST ALL ADDITIONAL VEHICLES ON SUPPLEMENT TO APPLICATION**

**Description of Sales Activity:**

Description of Business to be Conducted:

Manufacturer of Source Material:

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Proposed Method of Delivery:

Are you offering for sale magazine subscriptions or any goods or services? If YES, specify:

Are you soliciting contributions? If YES, specify:

Do you intend to solicit while standing in a public way or while going uninvited from house to house? If YES, specify:

**IF PERFORMING DOOR-TO-DOOR SALES, BE AWARE THAT THE TOWN OF BOURNE HAS A NO SOLICITATION LIST OF ADDRESS AT WHICH YOU ARE PROHIBITING FROM SOLICITING. SEE ATTACHED BY-LAW.**

Are you offering for sale newspapers, religious publications, ice, flowering plants, or such flowers, fruits, nuts and berries as are wild and uncultivated? If YES, specify:

Do you have a Commonwealth of Massachusetts Hawkers/Peddlers License? If YES, supply copy:

Start Date: \_\_\_\_\_

End Date: \_\_\_\_\_

**NOT TO EXCEED 120 DAYS**

Daily Start Time: \_\_\_\_\_

Daily End Time: \_\_\_\_\_

**Days Per Week:**  Sunday  Monday  Tuesday  Wednesday  Thursday  Friday  Saturday

Is your organization conducting this solicitation for non-commercial purposes such as religious, charitable, civic, or political purpose? If YES, specify:

Temporary Business Site Address:

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City: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

**WRITTEN PERMISSION FROM PRIVATE PROPERTY OWNER MUST BE FILED WITH APPLICATION**

# Application Affidavit and Certification

In accordance with Town of Bourne Bylaw 3.1.17: Hawkers and Peddlers; Door-to-Door Sales (see attached), please complete the following statement honestly and accurately.

Have you ever been convicted of any of the following crimes (initial the appropriate column):

YES	NO	
		Murder or Manslaughter
		Rape
		Robbery
		Arson
		Burglary / Breaking and Entering
		Felony Assault
		Distribution or Trafficking of any Controlled Substance
		Any Felony Larceny Offense

Are you a Level 2 or 3 Sex Offender as classified by the Massachusetts Sex Offender Registration Board?

YES       NO

Has a Permit to Solicit or Sell issued to either you or your organization been revoked for a violation of Town of Bourne Bylaw 3.1.17 within the past two years?

YES       NO

Check each of the following that has been included with this application as required by Town of Bourne Bylaw 3.1.17:

- Copy of Current Government Issued Photo Identification
- Copy of Your Sales Organization Issued Credentials
- Copy of Commonwealth of Massachusetts Hawkers/Peddlers License (If applicable)

Do you certify that the information provided in this application is true to the best of your knowledge, information and belief?

YES       NO

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Applicant's Signature