



# DARTMOUTH POLICE DEPARTMENT

## Solicitation Application

NOTE: TWO (2) B&W PHOTOGRAPHS "1 1/4" X 1 1/4" FRONT VIEW SHOWING HEAD AND SHOULDERS WILL BE SUBMITTED BY APPLICANT ALONG WITH THIS APPLICATION.

LICENSE#: \_\_\_\_\_ DATE: \_\_\_\_\_

NAME: \_\_\_\_\_  
(LAST) (FIRST) (MIDDLE)

LOCAL ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

RES.TEL#- (\_\_\_\_) \_\_\_\_\_ BUS.TEL#- (\_\_\_\_) \_\_\_\_\_

PERMANENT ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

RES.TEL#- (\_\_\_\_) \_\_\_\_\_ BUS.TEL#- (\_\_\_\_) \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

\*If no e-mail address provided, you must come to police headquarters monthly to pick up a copy of the no canvassing list\*

\*\*\*\*\*  
APPLICANT'S HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_ COLOR OF EYES: \_\_\_\_\_

COLOR OF HAIR: \_\_\_\_\_ SS# \_\_\_\_\_ DOB: \_\_\_\_\_

LENGTH OF TIME FOR WHICH THE RIGHT TO DO BUSINESS IS DESIRED:

DATE: \_\_\_\_\_ TO \_\_\_\_\_ FROM: \_\_\_\_\_ (AM)(PM) TO: \_\_\_\_\_ (AM)(PM)

\*\*\*\*\*  
NAME OF EMPLOYER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE \_\_\_\_\_ ZIP# \_\_\_\_\_

TELEPHONE#-(\_\_\_\_) \_\_\_\_\_ TELEPHONE#-(\_\_\_\_) \_\_\_\_\_

FAX#(\_\_\_\_) \_\_\_\_\_ ARE YOU SELF EMPLOYED? YES ( ) NO ( )

IS EMPLOYERS ADDRESS HOME OFFICE: YES ( ) NO ( )  
IF "NO" INDICATE HOME OFFICE ADDRESS, CITY, STATE, ZIP & PHONE NUMBER BELOW.

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

TELEPHONE#(\_\_\_\_) \_\_\_\_\_ FAX#(\_\_\_\_) \_\_\_\_\_

IF OPERATING A MOTOR VEHICLE THE FOLLOWING MUST BE FILLED IN ITS ENTIRETY.

VEHICLE OWNER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

RES.TEL#(\_\_\_\_) \_\_\_\_\_ BUS.TEL:#(\_\_\_\_) \_\_\_\_\_

YEAR OF VEHICLE \_\_\_\_\_ MAKE: \_\_\_\_\_ MODEL: \_\_\_\_\_

COLOR: \_\_\_\_\_ VIN: \_\_\_\_\_ REGISTRATION \_\_\_\_\_ STATE: \_\_\_\_\_

\*\*\*\*\*BRIEF DESCRIPTION OF NATURE OF BUSINESS AND GOODS TO BE SOLD:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ AT THE TIME OF FILING THIS APPLICATION, APPLICANT SHALL PAY A FEE OF TWENTY (20.00) DOLLARS.

SIGNED UNDER THE PENALTIES OF PERJURY, THIS THE \_\_\_\_ DAY OF \_\_\_\_\_ YR \_\_\_\_\_

APPLICANTS SIGNATURE: \_\_\_\_\_

ROBERT W. SZALA APPROVED ( ) DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

CHIEF OF POLICE

DARTMOUTH POLICE DEPT DISAPPROVED ( ) DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

SIGNATURE CHIEF OF POLICE: \_\_\_\_\_

SELECT BOARD APPROVED ( ) DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

DISAPPROVED ( ) DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

SIGNATURE OF SELECT BOARD: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_