



TOWN OF MILLIS

Application for Solicitor's Permit

Date of Application: _____

Business/Organization Name: _____

Business/Organization Address: _____
(Street Address)

Authorized Contact Name & Title: _____

Contact's Phone & Email: _____

Purpose for Permit: _____

Please list the full name, date of birth, and phone number of each solicitor.*	FOR OFFICE USE ONLY		
	<input type="checkbox"/> CORI Rec'd	<input type="checkbox"/> Approved	<input type="checkbox"/> Declined
	<input type="checkbox"/> CORI Rec'd	<input type="checkbox"/> Approved	<input type="checkbox"/> Declined
	<input type="checkbox"/> CORI Rec'd	<input type="checkbox"/> Approved	<input type="checkbox"/> Declined
	<input type="checkbox"/> CORI Rec'd	<input type="checkbox"/> Approved	<input type="checkbox"/> Declined
	<input type="checkbox"/> CORI Rec'd	<input type="checkbox"/> Approved	<input type="checkbox"/> Declined
	<input type="checkbox"/> CORI Rec'd	<input type="checkbox"/> Approved	<input type="checkbox"/> Declined

* Each solicitor listed above must provide a completed CORI Request, a copy of their driver's license/identification card, and headshot/photo for ID badge.

Please list ALL vehicles that will be involved in Soliciting

Registration #	State	Make	Model	Color

By signing below, I acknowledge all the terms and conditions for soliciting in Millis, MA, and I am responsible for ensuring all approved solicitors know and abide by these terms and conditions. For current information, see the Town of Millis Town By-Laws, Article VIII, Sec 25.

Signature of Business/Organization Applicant: _____ Date: _____

Permit Authorized (MPD) by: _____ Date: _____

Permit Number (s) Issued: _____

PERMIT EXPIRATION: _____ (One year from date of issue)