



Town of Milford

POLICE DEPARTMENT

19 Garden Street
Milford, NH 03055
603-249-0630

Michael J. Viola
Chief of Police



APPLICATION FOR PERMIT TO SOLICIT

Managers Name: _____ Phone Number: _____

Address: _____

Date and Place of Birth: _____ Name of your Company: _____

Company Address: _____ What Will be Solicited: _____

Are you residing temporarily in this area Y / N. If so, please give the address: _____

Have you, or any member in your charge, ever been convicted of a crime in this or any other state? **Y / N** If so, please state crime, where, when, and disposition: _____

List dates you will be soliciting: _____

List the full names of those solicitors in your charge:

Name: _____ Phone Number: _____

Address: _____ DOB: _____

Name: _____ Phone Number: _____

Address: _____ DOB: _____

If additional space is needed, please use reverse side.

INSTRUCTIONS:

You are requested to show credentials issued to you by the company which you represent. Understand that if this Department receives any legitimate complaints regarding your conduct, court action may result and you will be asked to leave this community. Your company will receive a letter from this office, giving them a full report of your conduct. There will be no soliciting after the hour of 9:00 p.m. and prior to the hour of 9:00 a.m. and all day on Sundays and legal holidays.

Auto Registration number: _____ State: _____ Make: _____ Year: _____

If more than one auto, list others here: _____

Manager's Signature: _____ Date of Application: _____

Approved: _____ Disapproved: _____ Date: _____

Michael J. Viola, Chief of Police