Waltham Police Department

Solicitor Registration Application -- Organizational
THIS APPLICATION MUST BE FILLED IN COMPLETELY OR IT WILL BE REJECTED.
PLEASE PRINT.
SIDE 1 OF 2

Name of organization ap	olying for registration	
Address of organization a	applying for registration (number, str	reet, town, state, ZIP)
Principal officers of orgar If unincorporated, informa President, Treasurer, and	ation regarding owners. If incorporat	ed, information regarding
Name	Address (number, street, t	own, state, ZIP)
1		
2		
3		
Person filing this applicat	ion (attach copy of government-issu	ed photo identification):
Name	Title	
Residential address (nun	nber, street, town, state, ZIP)	Telephone number
Local address:		
Hotel/motel name	Address (number, street, town, state)	
Persons who will be supe	ervising soliciting operations in Waltl	ham.
1		
2		
3		
Name	Residential address (number, street, town, state)	
Registration period reque	ested 90 day maximum:	TURN OVER TO COMPLETE
		THE OTHER SIDE
Starting on	Ending on	

Solicitor Registration Application -- Organizational

ist the last three co	mmunities (city and state) in wh	ich your organization engaged in soliciting.
·	2	3
rovide the following	g information about all of the soli	citors who will be working in Waltham
ame	Date of birth	Residential address
ttach additional s	heet to list more names if nec	essary.
ed with the Massa	•	ne most recent annual registration statement ce. If this organization is under contract with act.
ne above information		e to the best of my knowledge. Signed under the
	Name	 Date