



**Board of License Commissioners
Municipal Offices, 166 Boulder Drive
Fitchburg, MA 01420
(978) 829-1820**

**Daniel C. Sarefield, Chairman
Donna Pawlak
Glenn C. Fossa**

Instructions to Solicitor/Canvasser

1. You must wear the laminated badge provided to you by the City of Fitchburg at all times while soliciting/canvassing. Note: During the interim time period during which you have been approved but your badge has not yet been laminated - you must keep a copy of the badge with you at all times - this copy will be provided to you by the City of Fitchburg.
2. You must contact the Fitchburg Police Department DAILY (978-345-4355) and inform them of the specific location in which you will be soliciting/canvassing.
3. You must provide the Fitchburg Police Department with the license plate number, make and model of the vehicle you will be using to solicit/canvass.
4. You must wear clothing that contains the logo of the company for which you are soliciting/canvassing.

Note that failure to follow these instructions may result in the revocation of your license to Solicit/Canvass in the City of Fitchburg.

LICENSE COMMISSION

CITY OF FITCHBURG



APPLICATION FOR SOLICITOR/CANVASSER LICENSE

DATE _____

TO: THE BOARD OF LICENSE COMMISSIONERS

THE UNDERSIGNED HEREBY APPLIES FOR A LICENSE IN ACCORDANCE WITH THE PROVISIONS OF THE STATUTES RELATING THERETO AND IN ACCORDANCE WITH THE CODE OF THE CITY OF FITCHBURG, CHAPTER 134: HOURS OF OPERATION: 9:00 AM - 5:00 PM

DATE OF APPLICATION _____

NAME OF APPLICANT _____

ADDRESS _____

[LOCAL]

[PERMANENT]

TELEPHONE NUMBER _____

Day

Evening

DATE OF BIRTH _____ WEIGHT _____ HEIGHT _____ EYES _____ HAIR _____

SOCIAL SECURITY NUMBER _____

LENGTH OF TIME REQUESTED TO SOLICIT/CANVASS _____

DESCRIBE NATURE OF BUSINESS AND GOODS TO BE SOLD _____

NAME OF EMPLOYER _____

HOME OFFICE ADDRESS _____

CONVICTION OF ANY CRIME [EXCEPT MOTOR VEHICLE LAWS] AND NATURE OF OFFENSE _____

TIME AND PLACE _____

MOTOR VEHICLE USED [YEAR-MAKE-MODEL-REGISTRATION NUMBER-STATE OF REGISTRATION-VEHICLE OWNER'S NAME AND ADDRESS] MOTOR NUMBER _____

OFFICE USE:

DATE OF HEARING _____

DISPOSITION _____

LICENSE GRANTED _____

CORI REPORT _____

SIGNATURE OF APPLICANT _____

FEE PAID: \$10.00 _____

LICENSE NUMBER: _____

PHOTOGRAPH FULL FACE VIEW-HEAD AND SHOULDERS



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CORI REQUEST FORM

The Fitchburg License Commission has been certified by the Criminal History Systems Board for access to conviction and pending criminal case data. As an applicant/employee for _____, I understand that a criminal record check will be conducted for conviction and pending criminal case information only and that it will not necessarily disqualify me. The information below is correct to the best of my knowledge.

Applicant/Employee Signature

APPLICANT/EMPLOYEE INFORMATION (PLEASE PRINT)

LAST NAME

FIRST NAME

MIDDLE NAME

MAIDEN NAME OR ALIAS (IF APPLICABLE)

PLACE OF BIRTH

DATE OF BIRTH

SOCIAL SECURITY NUMBER

ID Theft Index PIN*
(if applicable)

MOTHER'S MAIDEN NAME

CURRENT AND FORMER ADDRESSES:

SEX: _____ HEIGHT: ___ft. ___in. WEIGHT: _____ EYE COLOR: _____

STATE DRIVER'S LICENSE NUMBER: _____
(Include state of issue)

***THE ABOVE INFORMATION WAS VERIFIED BY REVIEWING THE FOLLOWING FORM OF
GOVERNMENT ISSUED PHOTOGRAPHIC IDENTIFICATION _____

REQUESTED BY: _____
SIGNATURE OF CORI AUTHORIZED EMPLOYEE

*The CHSB Identify Theft Index PIN Number is to be completed by those applicants that have been issued an Identity Theft Index PIN Number by the CHSB. Certified agencies are required to provide all applicants the opportunity to include this information to ensure the accuracy of the CORI request process.
All CORI request forms that include this field are required to be submitted to the CHSB via mail or by fax to 617-660-4614.



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AUTHORITY FOR RELEASE OF INFORMATION

I, _____ do hereby authorize a review of and full disclosure of all records including driving records, or any part thereof, concerning myself, by and to the Board of License Commissioners for the City of Fitchburg, whether said records are public, private or confidential in nature.

The intent of this authorization is to provide full and free access for the specific purpose of providing pertinent data to the Board to determine my suitability to be granted a License or Permit. This information may include but not be limited to a C.O.R.I., Criminal or Civil claims or suits and credit reports.

I agree to indemnify and hold harmless the Board, its agents, and employees from any action, claim, suit, demand or damages in relation to such matters. I further understand that the sources of confidential information cannot be revealed to me.

A photocopy, fax, or e-mail of this form will be valid as an original even though they do not contain an original writing of my signature.

MUST BE SIGNED IN THE PRESENCE OF A NOTARY

Signature _____

Subscribed and sworn before me this _____ day of _____ year _____

My commission expires _____ year _____

Notary: _____