

Town of Charlestown
POLICE DEPARTMENT
4901 Old Post Road, Charlestown, R.I. 02813
CHIEF JEFFREY S ALLEN
www.charlestownpolice.org

TEL. 401-364-1212

FAX 401-364-1232

Hearing/Speech Impaired
401-364-7101

Solicitation Application

The undersigned respectfully represents that he/she desires to obtain a **Permit to Conduct Door to Door Solicitation**; for the purpose(s) described below consistent with the requirements in Charlestown Town Ordinance 128-13.

PURPOSE: _____

APPLICANT: (If not individual, applicant's principal officer and/or directors)

NAME: _____

ADDRESS: _____

CONTACT #: _____

BIRTHDATE: _____

VEHICLE DESCRIPTION: _____

REGISTRATION #: _____

DATE/DATES OF SOLICITATION: _____

HOURS: _____
(Note: No solicitations shall be permitted anywhere in the Town except between the hours of 9:00 a.m. and 8:00 p.m.)

METHOD TO BE _____

USED IN _____

CONDUCTING _____

SOLICITATION: _____

Signature

Date

APPLICATION APPROVED: _____

APPLICATION DENIED: _____

CHIEF OF POLICE SIGNATURE

DATE

ADDITIONAL PERMIT APPLICATION INFORMATION

NAMES, ADDRESSES AND DATE(S) OF BIRTH OF PERSON(S) CONDUCTING THIS SOLICITATION:

Name	Address	D.O.B

NAMES, ADDRESSES AND DATE OR BIRTH OF SOLICITORS: (ATTACH COPY DRIVER'S LICENSES or ID FOR EACH)

HAVE ANY OF THE ABOVE BEEN CONVICTED OF ANY FELONY CRIME(S) OR CRIME(S) INVOLVING MORAL TURPITUDE?

YES _____

NO _____

IF SO, WHO WAS CONVICTED AND THE NATURE OF THE OFFENSE:

DATE OF CONVICTION: _____

INVESTIGATED BY (CPD OFFICIAL): _____

NO FEE FOR THIS PERMIT