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

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

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

SIGNATURE OF APPLICANT

FEE PAID: $10.00

LICENSE NUMBER:

PHOTOGRAPH FULL FACE VIEW-HEAD AND SHOULDERS
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.
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: __________________________________________