



TOWN OF LITTLETON

Application for Solicitor's Permit

Date of Application: _____

Business/Organization Name: _____

Business/Organization Address: _____
(Street Address) _____

Authorized Contact Name & Title: _____

Contact's Phone & Email: _____

Purpose for Permit: _____

*List Full Name of Each Solicitor & Phone #	FOR OFFICE USE ONLY		
	<input type="checkbox"/> CORI Rec'd	<input type="checkbox"/> Approved	<input type="checkbox"/> Declined
	<input type="checkbox"/> CORI Rec'd	<input type="checkbox"/> Approved	<input type="checkbox"/> Declined
	<input type="checkbox"/> CORI Rec'd	<input type="checkbox"/> Approved	<input type="checkbox"/> Declined
	<input type="checkbox"/> CORI Rec'd	<input type="checkbox"/> Approved	<input type="checkbox"/> Declined
	<input type="checkbox"/> CORI Rec'd	<input type="checkbox"/> Approved	<input type="checkbox"/> Declined
	<input type="checkbox"/> CORI Rec'd	<input type="checkbox"/> Approved	<input type="checkbox"/> Declined
	<input type="checkbox"/> CORI Rec'd	<input type="checkbox"/> Approved	<input type="checkbox"/> Declined

* Each Solicitor Listed above Must Provide: a Completed CORI Request, a Copy of their Driver's License/Identification, and Headshot/Photo for ID Badge.

List All Vehicles that will be involved in Soliciting

Registration #	State	Make	Model	Color

By signing below, I acknowledge all the terms & conditions to soliciting in Littleton MA and it is my responsibility to ensure all approved solicitors are aware and abide by these terms & conditions. For current information:

<https://www.littletonma.org/428/Solicitor-Permits>

Signature of Business/Organization Applicant: _____ Date: _____

Permit Authorized (LPD) by: _____ Date: _____

PERMIT EXPIRATION: December 31, _____ (current year)