

For Each Application the Following is  
Required:

- Copy of passport or government ID
- (2) Passport size photos
- Bank Check/Money Order made out to  
Town of Lincoln for \$95
- Bank Check/Money Order made out to  
Commonwealth of MA for \$30

PERMIT NUMBER: \_\_\_\_\_

**TOWN OF LINCOLN**

**SOLICITORS AND PEDDLERS PERMIT APPLICATION**

**APPLICANT INFORMATION**

**PLEASE PRINT:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Home Address: \_\_\_\_\_ Apt/Unit: \_\_\_\_\_

City or Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_

Race: \_\_\_\_\_ Sex: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair: \_\_\_\_\_ Eyes: \_\_\_\_\_ Build: \_\_\_\_\_

Driver's License or State ID Number: \_\_\_\_\_ State of Issue: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_

Temporary Address (If Applicable): \_\_\_\_\_

Street address City/Town State Zip

**Have you ever been convicted of any of the following:** (please circle one answer for each)

Murder or Manslaughter: Yes No

Rape: Yes No

Breaking & Entering /Burglary: Yes No

Felony Assault: Yes No

Robbery: Yes No

Larceny Over \$250.00 Yes No

**If so convicted, what is the disposition:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Are there any outstanding criminal proceedings pending against you:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DESCRIPTION OF PRODUCT(S) TO BE SOLD OR SERVICES TO BE OFFERED**

Explain in detail the name(s) of the manufacturer, source of merchandise, and proposed delivery method.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PERMIT NUMBER: \_\_\_\_\_

**COMPANY INFORMATION:**

Company Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Address: \_\_\_\_\_ Suite/Bldg: \_\_\_\_\_  
City or Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Supervisor's Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

**Please circle one for each of the following statements:**

1. I understand that there is a **\$25.00** non-refundable filing fee payable to the Town of Lincoln for this application and that this application may be rejected if not complete. YES NO
2. I agree to provide two (2) passport size photographs (head and shoulders) of myself taken within the past 60 days. YES NO
3. I understand that the Chief of Police has ten (10) days to approve or reject this application. YES NO
4. I understand that this PERMIT is non-transferable and valid only for the person whose information is contained therein and only for the purpose stated: YES NO
4. I understand that this PERMIT is valid for a period of ninety (90) days from the date of issuance. YES NO
5. I understand that if this application is rejected, I can file an appeal with the Board of Selectmen within five (5) days. YES NO
6. I have received a copy of the Town of Lincoln's Solicitors and Peddlers By-Law, a copy of the Non-Solicitation list, and agree to comply with both. YES NO
7. I understand that if I am classified as a Level 2 or Level 3 Sex Offender my application will be rejected. YES NO

**Applicant's Statement:**

"I certify that the information provided in this application is truthful, accurate and complete to the best of my knowledge. I understand that any misrepresentation, false, or misleading statements given in this application are sufficient grounds for rejection.

I authorize the Lincoln Police Department to investigate all statements contained herein and to contact and obtain all information necessary to arrive at a decision to approve or reject this application. I hereby release all parties from any and all liability for any damages which may arise as a result of furnishing or releasing such information."

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

=====

**For Police Department use only**

Approved Date: \_\_\_\_\_ Rejected Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
**Chief of Police or Designee**



# *LINCOLN POLICE DEPARTMENT*

KEVIN A. MOONEY  
CHIEF OF POLICE

P.O. BOX 19 - 169 LINCOLN ROAD - LINCOLN, MA 01773  
BUSINESS: (781) 259-8113 FAX: (781) 259-9289

## *CIVIL FINGERPRINT CONSENT FORM*

I, \_\_\_\_\_, CONSENT TO THE COLLECTION OF MY FINGERPRINTS AS PART OF THE APPLICATION PROCESS FOR THE FOLLOWING LICENSE: \_\_\_\_\_ ISSUED BY THE TOWN OF LINCOLN.

I ACKNOWLEDGE AND UNDERSTAND THAT MY FINGERPRINTS WILL BE SEARCHED AGAINST THE DATABASE MAINTAINED BY THE FEDERAL BUREAU OF INVESTIGATION.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name (printed)

\_\_\_\_\_  
Signature of Official Taking the Fingerprints