



GROTON POLICE DEPARTMENT

99 Pleasant Street, Groton, Massachusetts
Tel. (978) 448-5555 Fax (978) 448-5603



Michael F. Luth
Chief of Police

Rachael E. Mead
Deputy Chief

Transient Merchant Permit Application

Applicant Information:

First Name:		Last Name:		MI:	
D.O.B.:	Height:	Weight:	Hair Color:	Eye Color:	
Phone Number:		Email:			
Permanent Address:					
Street:		City/Town:		State:	Zip:
Temporary Address (if any):					
Street:		City/Town:		State:	Zip:

Vehicle Information: (MV to be used when canvassing)

Make:	Model:	Registration:
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Period of Time Permit is Needed: (Please check one)

One (1) Day: \$5	One (1) Week: \$25	One (1) Month: \$50	One (1) Year: \$100
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Nature of Business / Goods to be Sold:

Brief Description:

Organization / Person Applicant Represents:

Name / Organization:			
Street:	City/Town:	State:	Zip:
Organization Phone Number:		Length of Time With Organization:	

By signing below you declare that the facts and information on this application are complete and true. Fraud, misrepresentation or false statements are cause for denial/revocation. Permit shall be issued, or denied, no later than (10) business days after complete application is received. All permits are to be picked up at the Groton Police Department by the permittee only. All permittees must show a state issued picture identification at time of pick-up. No permittee is allowed to sell, peddle, or solicit between the hours of 7pm and 9am, Sundays or Legal Holidays. Permittees are prohibited from going in or upon the private property of an address listed on the "No Solicitation List" provided with the permit. Permittees shall carry and display the permit at all times. Annual permits expire on December 31st.

Signature: _____ Date: _____

Fees Collected:

Application Fee \$25 (Check or Money Order: Town of Groton)				
Permit Duration: \$5	\$25	\$50	\$100	(Check or Money Order: Town of Groton)

For Department Use Only:

Review Date:	Approved: Yes	No
Reason for Disapproval:		

Issuing Authority Signature: _____ Date: _____