

**TOWN OF GORHAM
DOOR-TO-DOOR SOLICITATION
APPLICATION**

As per the Ordinance Regulating Door-to-Door Solicitation of the Town of Gorham I hereby apply for a Door-To-Door Solicitation Permit

NAME _____ TELEPHONE NUMBER _____

ADDRESS _____

HEIGHT _____ WEIGHT _____ COLOR HAIR _____ COLOR EYES _____

DATE OF BIRTH _____

NAME OF EMPLOYER _____

ADDRESS OF EMPLOYER _____

TELEPHONE NUMBER OF EMPLOYER _____

NAMES OF OTHERS WHO WILL BE ASSISTING YOU IN THE SOLICITATION _____

DESCRIPTION OF MOTOR VEHICLE(S) TO BE USED:

YEAR _____ MAKE _____ MODEL _____ COLOR _____

PLATE NO. _____

PLEASE LIST ADDITIONAL VEHICLES ON BACK

PLEASE BRIEFLY DESCRIBE THE TYPES OF GOODS OR SERVICES TO BE OFFERED FOR SALE

DATES SOLICITATION TO TAKE PLACE _____

PLEASE ATTACH A COPY OF REGISTRATION ISSUED UNDER 32 MRSA SEC. 4682-A IF APPLICABLE.

Date

Signed