



HARWICH POLICE DEPARTMENT

183 SISSON ROAD HARWICH MA 02645 508-432-1212

www.harwichpolice.com



Solicitation and Canvassing Registration (Organization)

Organization/Business Information

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone#: _____ Website: _____

Principal Officers of the Organization:

Name: _____ Title: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Name: _____ Title: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Name: _____ Title: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Is this organization a charitable/non-profit organization? Yes ☐ No ☐

If yes, please provide proof of registration with the Attorney General's Division of Public Charities and attach.

Is this organization a Professional Solicitor or commercial co-venture for a non-profit, charitable organization? Yes ☐ No ☐

If yes, please provide a copy of the current contract you hold with the charitable organization. Failure to do so will render this application incomplete and no action will be taken.

Supervisor Information

Please provide the names and addresses of any person(s) who will be supervising the solicitation in the Town of Harwich.

Name: _____ DOB: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Name: _____ DOB: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Employee Information

Please provide the names, addresses and date of birth for any person(s) who will be employed in solicitation or canvassing in the town of Harwich by the applicant.

Name: _____ DOB: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Name: _____ DOB: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Name: _____ DOB: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Name: _____ DOB: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Solicitation History

Please list the last three (3) communities in which this organization has conducted solicitation with dates.

Town/City:_____Dates:_____

Town/City:_____Dates:_____

Town/City:_____Dates:_____

Duration of Certificate of Registration

Please provide the period of time you wish to have this certificate of registration, registration may NOT exceed 60 days. Please provide dates in the space provided below.

Start Date:_____End_Date:_____

Insurance and Licensing Information

Please list any and all applicable insurance or licensing information about the company doing business (you may attach documents if needed)

Representative Information

Please provide the following information on yourself (person completing this form for the company/organization)

Name:_____Title:_____

Phone# :_____Email:_____

Date of Birth:_____Social Security#:_____

Address:_____

City:_____State:_____Zip:_____

Drivers' License or other valid Photo ID (attach a copy):_____

