



**TOWN OF NARRAGANSETT
POLICE DEPARTMENT
40 Caswell Street • Narragansett, RI 02882
Tel. (401) 789-1091 • TDD (401) 782-0661 • Fax (401) 789-8819**

The undersigned respectfully represents that he/she desires to obtain a **SOLICITATION PERMIT** for the purpose(s) described below:

PURPOSE: _____

APPLICANT: (If not individual, applicant's principal officer and/or directors)

NAME: _____

ADDRESS: _____

_____ **CONTACT No.** _____

BIRTHDATE: _____

**MOTOR VEHICLE:
DESCRIPTION:** _____

REGISTRATION No: _____

**DATE/DATES OF
SOLICITATION:** _____

HOURS: _____

(Note: No solicitations shall be permitted anywhere in the Town except between the hours of 9:00 a.m. and 8:00 p.m.)

**METHOD TO BE
USED IN
CONDUCTING
SOLICITATION** _____

Signature

Date

Application Approved () _____
Denied () _____

Chief of Police

Date

ADDITIONAL INFORMATION

NAMES, ADDRESSES AND DATES (S) OF BIRTH OF PERSON (S) CONDUCTING THE SOLICITATION:

NAME	ADDRESS	D.O.B.

NAMES, ADDRESSES AND DATE OF BIRTH OF SOLICITORS: (PLEASE ATTACH COPY OF EACH DRIVER'S LICENSE)

HAVE ANY OF THE ABOVE BEEN CONVICTED OF ANY CRIME INVOLVING MORAL TURPITUDE? Yes _____ No _____

IF SO, NATURE OF OFFENSE: _____

DATE OF CONVICTION: _____

SENTENCE IMPOSED: _____

INVESTIGATED BY: _____
Narragansett Police Department

FEE: \$ 30.00

(No fee shall be charged in the case of solicitations conducted on behalf of any non-profit, educational, charitable or religious organizations)