



**TOWN OF WEST BRIDGEWATER
APPLICATION FOR DOOR TO DOOR SALES
SALES AGENT(S) LIST**

INSTRUCTIONS:

List all persons here who will be working under this permit. Include the Sales Supervisor from page #1 of the application. Note! If this is a non-profit organization located within the Town you may need only to provide the information for the primary applicant and any designated adult supervisors.

Sales Agent:			Approved: Yes ___ No ___
Last Name:	First Name:	MI:	Q2 ___
Date of Birth:			BOP ___
Social Security#:			SOR ___
Age:			QH ___
Other States lived in:			MN#

Sales Agent:			Approved: Yes ___ No ___
Last Name:	First Name:	MI:	Q2 ___
Date of Birth:			BOP ___
Social Security#:			SOR ___
Age:			QH ___
Other States lived in:			MN#

Sales Agent:			Approved: Yes ___ No ___
Last Name:	First Name:	MI:	Q2 ___
Date of Birth:			BOP ___
Social Security#:			SOR ___
Age:			QH ___
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Sales Agent:			Approved: Yes ___ No ___
Last Name:	First Name:	MI:	Q2 ___
Date of Birth:			BOP ___
Social Security#:			SOR ___
Age:			QH ___
Other States lived in:			MN#

Additional Names? Yes _____ No _____

Over for additional names.

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Additional Names? Yes _____ No _____ if yes, attach additional Sales Agent Lists

- Notice: A copy of this list will be attached to your permit, if approved, by Town Clerk. If the page is missing your permit is **automatically revoked**. You must display your permit to any Police Officer on demand. Soliciting without this permit may subject you to **arrest and seizure of your property or products**.