



Town of Windham
8 School Rd, Windham ME, 04062

APPLICATION FOR HOME SOLICITATION LICENSE

NEW

RENEWAL

Name of Applicant _____ Phone _____

Applicant's Mailing Address _____

Employer's Name _____ Phone _____

Employer's Mailing Address _____

Please check where you would like your license Mailed:

Employer's Mailing Address

Applicant's Mailing Address

**** Home Solicitation Licenses expire 90 days after issuance****

Vehicle Make & Color _____

License Plate # _____ VIN _____

Sites where Home Solicitor will operate _____

Type of products being sold _____

Have you ever been convicted of a criminal offense which was punishable by imprisonment for more than one year? Yes No

If yes, what was the offense? _____

Please attach the following:

- A. Picture of Vehicle
- B. Signed release form (for each employee)
- C. List of Items to be Sold
- D. Copy of your Dept. of Human Services Letter (if applicable)
- E. Certificate of insurance as required by Sect 5 of the Home Solicitation Ordinance

Notice to Applicant

Please take notice that if the Municipal Officers grant this license, you must still comply with all the requirements of the provisions of the Town's Land Use Ordinance, Health Code, and all other municipal ordinances, codes, and regulations. It is your responsibility to investigate the applicability of these requirements to your proposed use.

Date

Applicant, Acknowledgement of Receipt

Please return application, documentation, \$50 application fee, and \$20 (per employee) background check fee to:

Town Clerk,
8 School Rd, Windham ME 04062

TOWN OF WINDHAM

BACKGROUND CHECK AUTHORIZATION AND RELEASE
For Business License

I, _____, hereby authorize the Town of Windham, (hereafter, the Town) to conduct a complete investigation into the background of the person(s) and/or entities named in the business license application attached hereto, using whatever legal means it deems appropriate. I hereby authorize any person or entity contacted by the Town to provide any and all such information deemed necessary by the Town. I hereby waive any rights of confidentiality in this regard.

I hereby authorize and request all persons to whom this request is presented having information relating to or concerning the above-named applicant to furnish such information to a duly appointed agent of the Town whether or not such information would otherwise be protected from the disclosure by any constitutional, statutory, or common law privilege. I authorize the release of this information, even though such information may be designated as “confidential” or “nonpublic” under the provisions of state or federal laws.

The Town reserves the right to investigate all relevant information and facts to its satisfaction. I understand that the Town may conduct a complete and comprehensive investigation to determine the accuracy of all information gathered. However, the Town, and other agents or employees of the Town, shall not be held liable for the receipt, use, or dissemination of inaccurate information. I, on behalf of the applicant, its legal representatives, and assigns, hereby release, waive, discharge, and agree to hold harmless, and otherwise waive liability as to the Town and its officers, agents and employees for any damages resulting from any use, disclosure, or publication in any manner, other than a willfully unlawful disclosure or publication, of any material or information acquired during inquiries, investigations, or hearings, and hereby authorize the lawful use, disclosure, or publication of this material or information. Any information contained within my application, contained within any financial or personnel record, or otherwise found, obtained, or maintained by the Town, shall be accessible to law enforcement agents of this or any other state, the government of the United States, or any foreign country.

Dated: _____

Applicant/Owner

Print: First, Middle & Last Name

Date of Birth

Driver's License #