

TOWN OF WINDHAM
APPLICATION FOR HOME SOLICITATION LICENSE

1. Name _____
2. Address _____
3. Telephone Number of Owner _____
4. Telephone Number of Operator _____
5. Vehicle Make & Color _____
License Plate # _____ VIN _____
6. Sites Where Home Solicitor Will Operate _____
7. Type of Products Being Sold _____

8. 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? _____
9. Please attach the following:
 - A. Picture of Vehicle
 - B. Copy of your Department of Human Service License (if applicable)
 - C. Signed Release Form (for each employee)
 - D. List of Items to be Sold
 - E. Certificate of Insurance as required by Section 5 of the Home Solicitation Ordinance

Notice to Applicant:

Please take notice that if this license is granted, you must still comply with all the requirements of the provisions of the Town's Zoning 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.

Applicant's Signature _____ Date _____

**Return this completed form, documentation, application fee of \$50.00,
and \$20.00 per employee (for background check) to
Town Clerk, 8 School Road, Windham, ME 04062**

TOWN OF WINDHAM
8 SCHOOL RD
WINDHAM, ME 04062

AUTHORITY TO RELEASE INFORMATION

TO WHOM IT MAY CONCERN:

I hereby authorize the representative of the Town of Windham bearing this release, or copy thereof, within one year of its date, to obtain any information in your files pertaining to my employment, military, credit or educational records including, but not limited to, academic, achievement, attendance, athletic, personal history, and disciplinary records; medical records, and credit records. I hereby direct you to release such information upon request of the bearer. This release is executed with full knowledge and understanding that the information is for the official use of the Town of Windham. I hereby release you, as the custodian of such records, and any school, college, university, or other educational institution, hospital, or other repository of medical records, credit bureau, lending establishment including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with this authorization and should thereby any question as to the validity of this release, you may contact me as indicated below. All records obtained pursuant to 16 M.R.S.A §620 (6) are confidential and may not be made available for public inspection or copying.

FULL NAME _____
Signature _____ Typed or printed _____

CURRENT ADDRESS _____

TELEPHONE _____

DATE OF BIRTH _____ DRIVER'S LICENSE # _____

FULL CURRENT NAME OF ALL EX-SPOUSES (if any)

WITNESS SIGNATURE _____
WITNESS NAME _____
Typed or printed

DATE _____