

**TOWN OF HANCOCK**

3650 HANCOCK ROAD HANCOCK, MASSACHUSETTS 01237 413-738-5225 FAX 413-738-5310

Town of Hancock Solicitation Application

Date/Time of Requested Solicitation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant (sales agent) –

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Vehicle Tag Number/State \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Vehicle Make/Model/Color \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Length Of Employment \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Company –

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Product Being Sold \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor’s Name/Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor’s Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor’s Email Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Application must be received at least 5 business prior to requested

solicitation

 Solicitation allowed Monday-Friday 10am-7pm, no solicitation of

holidays and weekends

 Sales agent must wear company provided photo identification that is

clearly visible at all times (town vendor card?)

 Sales agent’s vehicle must display company name and the word “sales”

that is clearly visible from a distance.

 Company must have a criminal background check policy and provide

proof that the sales agent has no sexual offense, other felony

convictions or misdemeanor convictions for theft or drug use. Email

confirmation to hancockmapd@gmail.com