In accordance with Medfield Bylaws
Article IV. Police Regulations
Section 26 Solicitation

Town of Medfield
Application to Solicit

Date: 1/15/25

Applicant's Name: Foster Wise

Home Address: 1017 Lincolnshire DR N. Attleboro, M.A. 02760

Email Address: FosterOWise@Gmail.com

Telephone No. [redacted] Date of Birth: 05/02/1977

Social Security No. [redacted] Height 5-9 Weight 170

Color: Hair Brown Eyes Blue

Motor Vehicle Operator's License No. & State: [redacted]

Motor Vehicle Owner and Address: Foster Wise 1017 Lincolnshire DR N. Attleboro M.A. 02760

Motor Vehicle Registration No. [redacted]

Motor Vehicle Make: GMC Model: Canyon Year: 2018

Name of Business: Boundless Energy

OK 8 2625

Business Address: 11 Apex DR. Marlborough, MA. 01752 #3018

Nature of Business and goods to be sold: Solar

Non-Profit (Y/(N)) Other: _____

Permit Number (State or local if any): _____

Time period requested for license (initial approval will be limited to 3-months):

1 year

Days of week and hours of solicitation: M-F - Saturday maybe 1PM-7pm

_____

List of any others who will solicit in Medfield as part of application:

Name	Address	Date of Birth	SS#

Application Fee: $10.00
Public Hearing will be required

Applicant's Signature: Foster Wise

Approved/Disapproved _____

Date: _____ Chief of Police

In accordance with Town Bylaws
Article IV, Police Regulations
Section 21 Solicitation

TOWN OF MEDFIELD
APPLICATION TO SOLICIT

DATE: 01/2/25

NAME: Michael Oley

HOME ADDRESS: 220 Dorchester st, South Boston, MA, 02127

TELEPHONE NO: [redacted] DATE OF BIRTH: 08/29/2000

SOCIAL SECURITY NO. [redacted] HEIGHT: 6'2 WEIGHT: 170
COLOR OF HAIR: Brown EYES: Blue

DRIVER'S LICENSE NO., STATE, EXPIRATION DATE: [redacted]

VEHICLE: YEAR 2021 MAKE Toyota PLATE NO. 6LL689 STATE MA

VEHICLE OWNER AND ADDRESS Michael Oley 220 Dorchester st, South Boston

NAME OF BUSINESS: Power home remodeling

BUSINESS ADDRESS: 201 Jones rd, suite 205, Wrotham Mass

NATURE OF BUSINESS AND GOODS TO BE SOLD: Free estimates on windows, roofing, siding

IF APPLICABLE, STATE PERMIT NO: _____

REQUESTED LENGTH OF TIME TO SOLICIT: 90 days

LIST ANY OTHERS WHO WILL SOLICIT IN MEDFIELD AS PART OF THIS APPLICATION:

NAME	ADDRESS	DATE OF BIRTH	SOCIAL SECURITY NO.
Attached applications			

APPROVED / DISAPPROVED

DATE: _____

_____
BOARD OF SELECTMEN

OK 2-6-25

In accordance with Town Bylaws
Article IV, Police Regulations
Section 21 Solicitation

TOWN OF MEDFIELD
APPLICATION TO SOLICIT

DATE: 12/26/24

NAME: Joseph Cronin

HOME ADDRESS: 61 Sandwich Rd, Plymouth, MA 02360

TELEPHONE NO: [redacted] DATE OF BIRTH: 11/07/96

SOCIAL SECURITY NO. [redacted] HEIGHT: 5'10" WEIGHT: 160

COLOR OF HAIR: Brown EYES: Blue

DRIVER'S LICENSE NO., STATE, EXPIRATION DATE: [redacted]

VEHICLE: YEAR 2021 MAKE Tesla PLATE NO. 3EJC23 STATE MA

VEHICLE OWNER AND ADDRESS Joseph Cronin, same as residential

NAME OF BUSINESS: Power Home Remodeling

BUSINESS ADDRESS: 201 Jones Rd, Waltham, MA, 02451

NATURE OF BUSINESS AND GOODS TO BE SOLD: Door to Door

IF APPLICABLE, STATE PERMIT NO: _____

REQUESTED LENGTH OF TIME TO SOLICIT: Duration of permit

LIST ANY OTHERS WHO WILL SOLICIT IN MEDFIELD AS PART OF THIS APPLICATION:

NAME	ADDRESS	DATE OF BIRTH	SOCIAL SECURITY NO.
n/a			

Attached Applications

APPROVED / DISAPPROVED

DATE: _____

_____
BOARD OF SELECTMEN

2-6-25
OK

In accordance with Town Bylaws
Article IV, Police Regulations
Section 21 Solicitation

TOWN OF MEDFIELD
APPLICATION TO SOLICIT

DATE: 12/23/24

NAME: Gregory Kennedy - Kuilan

HOME ADDRESS: 96 old Colony Ave Taunton MA

TELEPHONE NO: [redacted] DATE OF BIRTH: 8/2/96

SOCIAL SECURITY NO. [redacted] HEIGHT: 5'11 WEIGHT: 213
COLOR OF HAIR: Black EYES: Brown

DRIVER'S LICENSE NO., STATE, EXPIRATION DATE: [redacted] 8/2/29 MA

VEHICLE: YEAR 2013 MAKE Ford, Focus PLATE NO. 155F48 STATE MA

VEHICLE OWNER AND ADDRESS Gregory Kennedy Kuilan 96 old Colony Ave Taunton

NAME OF BUSINESS: Power

BUSINESS ADDRESS: 201 Jones RD Waltham 02451

NATURE OF BUSINESS AND GOODS TO BE SOLD: Free estimate on window roof, siding

IF APPLICABLE, STATE PERMIT NO: _____

REQUESTED LENGTH OF TIME TO SOLICIT: Duration of permit

LIST ANY OTHERS WHO WILL SOLICIT IN MEDFIELD AS PART OF THIS APPLICATION:

NAME	ADDRESS	DATE OF BIRTH	SOCIAL SECURITY NO.
Attached Applications			

APPROVED / DISAPPROVED

DATE: [illegible]

_____
BOARD OF SELECTMEN

OK [illegible]
2-6-25

In accordance with Town Bylaws
Article IV, Police Regulations
Section 21 Solicitation

TOWN OF MEDFIELD
APPLICATION TO SOLICIT

DATE: 12/23/24

NAME: Jesse Johnson

HOME ADDRESS: 242 chestnut farm way Raynham MA, 02767

TELEPHONE NO: [redacted] DATE OF BIRTH: 05/14/91

SOCIAL SECURITY NO. [redacted] HEIGHT: 5'8" WEIGHT: 240

COLOR OF HAIR: Brown EYES: Blue

DRIVER'S LICENSE NO., STATE, EXPIRATION DATE: [redacted]

VEHICLE: YEAR 2015 MAKE VW PLATE NO. 8FS276 STATE MA

VEHICLE OWNER AND ADDRESS Jesse Johnson/ 242 chestnut farm Way Raynham MA 02767

NAME OF BUSINESS: Power Home Remodeling

BUSINESS ADDRESS: 201 Jones Rd, Suite 205 waltham 02451

NATURE OF BUSINESS AND GOODS TO BE SOLD: Free Estimates on windows, Roofing and siding

IF APPLICABLE, STATE PERMIT NO:

REQUESTED LENGTH OF TIME TO SOLICIT: Duration of permit

LIST ANY OTHERS WHO WILL SOLICIT IN MEDFIELD AS PART OF THIS APPLICATION:

NAME	ADDRESS	DATE OF BIRTH	SOCIAL SECURITY NO.
Attached Applications			

APPROVED / DISAPPROVED

DATE:

BOARD OF SELECTMEN

OK
2-6-25

In accordance with Town Bylaws
Article IV, Police Regulations
Section 21 Solicitation

TOWN OF MEDFIELD
APPLICATION TO SOLICIT

DATE: 12/23/24

NAME: Matthew Manning

HOME ADDRESS: 16 Chapel St. Norwood, MA 02062

TELEPHONE NO: [redacted] DATE OF BIRTH: 5/20/96

SOCIAL SECURITY NO. [redacted] HEIGHT: 5'7" WEIGHT: 170
COLOR OF HAIR: Brown EYES: Blue

DRIVER'S LICENSE NO., STATE, EXPIRATION DATE: [redacted] MA, 5/20/29

VEHICLE: YEAR 2020 MAKE GMC Acadia PLATE NO. 3ZBC22 STATE MA

VEHICLE OWNER AND ADDRESS Matthew Manning 16 Chapel St. Norwood, MA 02062

NAME OF BUSINESS: Power Home Remodeling

BUSINESS ADDRESS: 201 Jones Rd Waltham, MA 02451

NATURE OF BUSINESS AND GOODS TO BE SOLD: Free estimates - windows, roofing, sibling

IF APPLICABLE, STATE PERMIT NO: _____

REQUESTED LENGTH OF TIME TO SOLICIT: Duration of permit

LIST ANY OTHERS WHO WILL SOLICIT IN MEDFIELD AS PART OF THIS APPLICATION:

NAME	ADDRESS	DATE OF BIRTH	SOCIAL SECURITY NO.
Attached applications			

APPROVED / DISAPPROVED

DATE: _____

_____
BOARD OF SELECTMEN

OK
2-6-25

In accordance with Town Bylaws
Article IV, Police Regulations
Section 21 Solicitation

TOWN OF MEDFIELD
APPLICATION TO SOLICIT

DATE: 12/25/2024

NAME: Noe Erakis

HOME ADDRESS: 307 Pleasant Street Marshfield Ma

TELEPHONE NO: [redacted] DATE OF BIRTH: 09/18/2003

SOCIAL SECURITY NO [redacted] HEIGHT: 5'8 WEIGHT: 296

COLOR OF HAIR: Brown EYES: Brown

DRIVER'S LICENSE NO., STATE, EXPIRATION DATE: [redacted] MA, 09/18/2025

VEHICLE: YEAR 2014 MAKE Mazda PLATE NO. 254LB9 STATE Mass

VEHICLE OWNER AND ADDRESS George Erakis 307 Pleasant street

NAME OF BUSINESS: Power Home Remodeling

BUSINESS ADDRESS: 201 Jones Road Waltham

NATURE OF BUSINESS AND GOODS TO BE SOLD: windows, doors, Roofing, siding

IF APPLICABLE, STATE PERMIT NO: _____

REQUESTED LENGTH OF TIME TO SOLICIT: _____

LIST ANY OTHERS WHO WILL SOLICIT IN MEDFIELD AS PART OF THIS APPLICATION:

NAME	ADDRESS	DATE OF BIRTH	SOCIAL SECURITY NO.
Attached Applications			

APPROVED / DISAPPROVED

DATE: _____

_____
BOARD OF SELECTMEN

2-6-25

In accordance with Town Bylaws
Article IV, Police Regulations
Section 21 Solicitation

TOWN OF MEDFIELD
APPLICATION TO SOLICIT

DATE: 12/26/2024

NAME: Zachary Belcher

HOME ADDRESS: 336 Webster St Rockland MA

TELEPHONE NO: [redacted] DATE OF BIRTH: 06/22/2002

SOCIAL SECURITY NO. [redacted] HEIGHT: 5'10 WEIGHT: 160
COLOR OF HAIR: Brown EYES: Blue

DRIVER'S LICENSE NO., STATE, EXPIRATION DATE:

VEHICLE: YEAR 2014 MAKE Buick Verano PLATE NO. STATE MA

VEHICLE OWNER AND ADDRESS Zachary Belcher 336 Webster St Rockland MA

NAME OF BUSINESS: Power Home Remodeling

BUSINESS ADDRESS: 201 Jones Rd, Waltham MA

NATURE OF BUSINESS AND GOODS TO BE SOLD: Free estimates on windows, roofing, and siding

IF APPLICABLE, STATE PERMIT NO:

REQUESTED LENGTH OF TIME TO SOLICIT: Duration of permit

LIST ANY OTHERS WHO WILL SOLICIT IN MEDFIELD AS PART OF THIS APPLICATION:

NAME	ADDRESS	DATE OF BIRTH	SOCIAL SECURITY NO.
Attached Applications			

APPROVED / DISAPPROVED

DATE:

BOARD OF SELECTMEN

DLG
2-6-25