

**TOWNSHIP OF DENVILLE
APPLICATION FOR SOLICITOR OR PEDDLER LICENSE**

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**PLEASE PRINT INFORMATION BELOW LEGIBLY, CLEARLY AND COMPLETELY
FOR EACH INDIVIDUAL REQUESTING PERMISSION TO SOLICIT IN DENVILLE**

1. NAME _____ HOME ADDRESS _____

2. DATE OF BIRTH _____

3. PLACE OF BIRTH _____ HOME PHONE _____

4. AGE _____ WEIGHT _____ HEIGHT _____ EYE COLOR _____ HAIR COLOR _____

5. DRIVER LICENSE # _____ ISSUED BY WHAT STATE _____

6. EMPLOYER'S NAME & ADDRESS & PHONE _____

7. SOCIAL SECURITY NUMBER _____

8. BUSINESS TO BE CONDUCTED _____

9. DESCRIPTION OF MERCHANDISE TO BE SOLD _____

10. WHERE ARE PRODUCTS MANUFACTURED _____

11. WHERE ARE PRODUCTS STORED _____

12. METHOD OF DELIVERY _____

13. DESCRIPTION OF VEHICLE: MAKE _____ YEAR _____

COLOR _____ TYPE _____ LICENSE PLATE # _____

TURN OVER FOR SIDE TWO (2) QUESTIONS 14 -17

14. REFERENCES:

(1)NAME_____

ADDRESS_____

PHONE_____

(2)NAME_____

ADDRESS_____

PHONE_____

15. CRIMINAL RECORD: HAVE YOU EVER BEEN ARRESTED_____

WHERE AND FOR WHAT_____

16. DO YOU POSSESS A NEW JERSEY FIREARMS PERMIT_____

IF YES, GIVE PERMIT #_____

17. LENGTH OF TIME YOU DESIRE SOLICITOR LICENSE_____

APPLICANT'S SIGNATURE

APPLICATION FEE	\$15.00
SOLICITOR BADGE	5.00
LICENSE FEE: DAY	5.00
WEEK	10.00
MONTH	25.00
YEAR	100.00

**RECENT PHOTOGRAPH
MUST BE ATTACHED HERE
OR APPLICATION WILL NOT
BE PROCESSED.**

DATE FILED:_____

RESOLUTION #_____

APPROVED:

DONNA I. COSTELLO, RMC/CMC MUNICIPAL CLERK