

**BOROUGH OF SAYREVILLE, COUNTY OF MIDDLESEX
REVISED GENERAL ORDINANCES, 1986-SECTION 8-4
SOLICITORS & CANVASSERS (Fee Ordinance #69-08)**

APPLICATION FOR SOLICITORS & CANVASSERS

PLEASE CHECK ONE

Are you a new applicant? _____ If you are a new applicant, you need to get your fingerprints tasked by Sayreville PD or Renewal _____ - Year _____
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NAME _____ DRIVER LICENSE # _____

ADDRESS: _____
(Street) (City & State) (Zip)

TELEPHONE # _____ Social Security # _____

UNDER WHAT NAME WILL YOU BE OPERATING? _____

IF APPLICANT IS A CORPORATION, PLEASE GIVE NAME AND ADDRESS OF ITS REGISTERED AGENT. _____

IF APPLICANT IS EMPLOYED BY ANOTHER, LIST NAME & ADDRESS OF THE EMPLOYER, TOGETHER WITH CREDENTIALS ESTABLISHING THE EXACT RELATIONSHIP.

IF APPLICANT IS A HOLDER OF A VETERAN'S LICENSE GIVE DATE, NUMBER AND PLACE PLACE OF REGISTRATION.

(Date) (Number) (Place)

DESCRIPTION OF THE NATURE OF THE BUSINESS AND GOODS, PROPERTY, SERVICES TO BE SOLD OR OFFERED OR SUPPLIED.

DAYS OF THE WEEK AND THE HOURS OF THE DAY DURING WHICH THE LICENSED ACTIVITY SHALL BE CONDUCTED:

WILL YOU BE IN A FIXED LOCATION ON A DAILY BASIS, IF SO WHERE?

DESCRIPTION OF VEHICLE USED: _____
(Year) (Make) (Model) (Plate #)

HAVE YOU EVER BEEN CONVICTED OF A CRIME OR VIOLATION OF ANY BOROUGH
ORDINANCE OTHER THAN TRAFFIC OFFENCES???

IF SO, PLEASE STATE DATE AND PLACE OF CONVICTION, THE NATURE OF OFFENSE AND
PUNISHMENT/PENALTY IMPOSED.

LIST THREE REFERENCES AS TO GOOD CHARACTER RESPONSIBILITY – NAMES &
ADDRESSES.

- 1) _____
- 2) _____
- 3) _____

Signature of Applicant

Annual Fee \$100.00

FOR OFFICE USE ONLY:

Date Issued: _____

Fee Paid or Veteran's # _____

License # _____