

APPLICATION FOR SOLICITORS & CANVASSERS

Are you a new applicant? _____

If you are a new applicant, you need to get
your fingerprints taken by Sayreville PD

or

Renewal _____ - Year _____

PLEASE PRINT CLEARLY

NAME _____ DRIVER LICENSE # _____

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

TELEPHONE # _____ EMAIL ADDRESS: _____

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, CONTACT PERSON, PHONE
AND EMAIL 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: _____

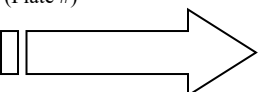
(Year)

(Make)

(Model)

(Plate #)

Please Complete Page 2



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 & PHONE NUMBERS.

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

Signature of Applicant

Annual Fee: \$100.00

License is for the calendar year – January 1st – December 31st

FOR OFFICE USE ONLY:

Received Background Check Report: _____

Fee Paid or Veteran's # _____

Date Issued: _____

License # _____