

BOROUGH OF RIVER EDGE
705 KINDERKMACK ROAD, RIVER EDGE, NJ 07661
201-599-6300 FAX: 201-599-0997
SOLICITOR / CANVASSER LICENSE APPLICATION

ANNUAL LICENSE - \$20.00 TO DECEMBER 31st

FEE PAID \$ _____ DATE _____
NON-PROFIT ORGANIZATION YES _____ (NO FEE REQUIRED)

NAME OF APPLICANT _____ DATE OF BIRTH _____
ADDRESS _____
SS# _____ TELEPHONE # _____ CELL # _____
DRIVERS LICENSE # _____ STATE _____ VEHICLE(S) # _____
VEHICLE PLATE(S) 1. _____ ST _____, 2. _____ ST _____, 3. _____ ST _____

HAVE YOU EVEN BEEN CONVICTED OF A CRIME? YES _____ NO _____
CRIME _____ PLACE OF ARREST _____ WHEN _____
DISPOSITION _____

REFERENCES (MUST BE OVER 21):
NAME _____ TELEPHONE # _____
ADDRESS _____
NAME _____ TELEPHONE # _____
ADDRESS _____
NAME _____ TELEPHONE # _____
ADDRESS _____

RESIDENCE FOR PAST FIVE YEARS:
ADDRESS _____ YEAR(S) _____
ADDRESS _____ YEAR(S) _____
ADDRESS _____ YEAR(S) _____

DO YOU HAVE A STATE OR COUNTY SOLICITORS LICENSE? YES _____ NO _____
TYPE OF LICENSE _____ NUMBER _____ LENGTH OF LICENSE _____
DAYS OF WEEK AND HOURS OF ACTIVITY _____
DESCRIPTION OF GOODS, PROPERTY, SERVICES SOLD OR SUPPLIED: _____

IF THERE ARE OTHER ADULTS WHO WILL BE SOLICITING / CANVASSING, EACH ONE IS REQUIRED TO FILL OUT THE FIRST PAGE OF THIS FORM. IF THERE ARE JUVENILES IN THE GROUP, LIST INFORMATION ON PAGE #3, OR PROVIDE SEPARATE LIST.

THE ABOVE ANSWERS TO THE BEST OF MY KNOWLEDGE ARE TRUE. FALSE INFORMATION WILL AUTOMATICALLY CANCEL THIS APPLICATION.
DO YOU UNDERSTAND THIS? YES _____ NO _____ DATE _____

SIGNATURE OF APPLICANT: _____

BACKGROUND INVESTIGATION APPROVED BY CHIEF OF POLICE:

DATE _____

PERMIT ISSUANCE APPROVED BY BOROUGH CLERK:

DATE _____

FILL IN ALL REQUESTED INFORMATION ABOUT THE COMPANY / ORGANIZATION

COMPANY: _____
ADDRESS: _____
PHONE: _____

HOW OLD IS THE COMPANY / ORGANIZATION? _____
COMPANY/ORGANIZATION TAX ID#: _____

LIST OTHER TRADE NAMES OR AFFILIATIONS:

	<u>NAME</u>	<u>ADDRESS</u>	<u>PHONE#</u>	<u>CONTACT PERSON</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

COMPANY / ORGANIZATION: MANAGEMENT, CEO, PRESIDENTS, ETC.,

	<u>TITLE</u>	<u>NAME</u>	<u>TELEPHONE #</u>	<u>CELL #</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____

EMERGENCY CONTACT TELEPHONE INFORMATION

	<u>TITLE</u>	<u>NAME</u>	<u>HOME #</u>	<u>WORK #</u>	<u>CELL #</u>
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____

LIST OTHER TOWNS WHERE THE COMPANY / ORGANIZATION HAS SOLICITED:

	<u>TOWN</u>	<u>DATE</u>
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____

IF THERE ARE OTHER DRIVERS, EMPLOYEES, HELPERS, ETC. INVOLVED, FILL IN THE FOLLOWING INFORMATION:

TOTAL # OF PEOPLE IN GROUP _____
WILL GROUP BE WORKING TOGETHER OR INDIVIDUALLY? _____

CONTACT PERSON (LEADER OF GROUP):

NAME _____ TEL# _____ CELL # _____

LIST ALL PARTIES IN GROUP:

NAME _____ TEL# _____ CELL # _____
SS: _____ DATE OF BIRTH _____
ADDRESS: _____

NAME _____ TEL# _____ CELL # _____
SS: _____ DATE OF BIRTH _____
ADDRESS: _____

NAME _____ TEL# _____ CELL # _____
SS: _____ DATE OF BIRTH _____
ADDRESS: _____

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