

**TOWNSHIP OF FREEHOLD
SOLICITORS AND CANVASSERS LICENSE APPLICATION
COMMERCIAL**

This application for a Solicitors and Canvasser's License is made pursuant to Chapter 288 of the
Code of the Township of Freehold

NAME OF APPLICANT _____

STREET ADDRESS _____

CITY, STATE, ZIP CODE _____

PHONE NUMBER _____

APPLICANT IS (CHECK ONE) () SOLE PROPRIETOR () PARTNERSHIP () CORPORATION

LIST THE NAMES, ADDRESSES, SOCIAL SECURITY NUMBERS AND PERCENTAGE OF OWNERSHIP OF ALL PARTNERS, STOCKHOLDERS, OFFICERS AND DIRECTORS. (Use additional pages, if necessary):

Has any applicant, partner, stockholder, officer or director been convicted of a crime or violation of MUNICIPAL ORDINANCES other than traffic violations? () YES () NO

If "YES", give name of person/persons convicted of crimes, nature of crimes, date of crimes, jurisdiction and determination.

Describe proposed activity and hours of operation:

Attach the names, addresses and phone numbers of 3 character/business references.

List the make, model, year, color and NJDMV License Plate Number of each vehicle that will be used:

If goods are being sold, list the name and address of all manufacturers and/or distributors on a separate page.

If goods are not delivered immediately, how long will normal delivery take, and how will they be delivered?

SOLICITATION SHALL TAKE PLACE WITHIN THE TOWNSHIP ONLY BETWEEN THE HOURS OF 10:00 AM AND 7:30 PM ON MONDAYS THROUGH SATURDAY.

IT IS REQUIRED THAT A COMPLETE COPY OF ORDINANCE CHAPTER 288 BE IN YOUR POSSESSION AT ALL TIMES.

IT IS REQUIRED THAT A COPY OF THE “DO NOT SOLICIT” LIST, WHICH IS NO MORE THAN TWO (2) WEEKS OLD BE IN YOUR POSSESSION AT ALL TIMES. THIS LIST IS ACCESSIBLE ON THE FREEHOLD TOWNSHIP WEBSITE AT www.twp.freehold.nj.us AND ALSO FROM THE TOWNSHIP CLERK’S OFFICE.

While soliciting, all solicitors are required to wear a badge provided by the Township Clerk's Office. Please provide two (2) passport size photos at the time of application.

APPLICATION FEE \$83.00 per year. Fingerprinting is required and is not included in this fee.

I CERTIFY THAT ALL THE FOREGOING INFORMATION PROVIDED IN THIS APPLICATION IS TRUE, COMPLETE AND ACCURATE. I AM AWARE THAT IF ANY OF THE FOREGOING STATEMENTS MADE BY ME ARE WILLFULLY FALSE, I AM SUBJECT TO PUNISHMENT ACCORDING TO LAW AND REVOCATION OF ALL LICENSES ISSUED BY THE TOWNSHIP OF FREEHOLD.

FURTHER, I ACKNOWLEDGE AND APPROVE OF ANY AND ALL INVESTIGATIONS INTO MY BACKGROUND AND THE BACKGROUND OF ALL PARTIES LISTED HERIN, DEEMED NECESSARY FOR THE PROTECTION OF THE CITIZENS OF THIS TOWNSHIP AND TO DETERMINE THE INTEGRITY OF THE PERSONS AND ACTIVITIES DESCRIBED HEREIN. CONDITIONAL LICENSES ISSUED BY THE TOWNSHIP OF FREEHOLD MAY BE REVOKED UPON RECEIPT OF AN UNFAVORABLE BACKGROUND CHECK.

DATE: _____

SIGNATURE OF APPLICANT **TITLE**

NOTE: This application must be verified by oath or affirmation by all owners, partners, officers, directors and stockholders holding more than 10% of stock or ownership.

2017