

Frenchtown Borough Police Department
27 Second Street
Frenchtown, NJ 08825
Phone No: 908-996-4820 Fax No: 908-996-7134

APPLICATION FOR SOLICITING AND PEDDLING
(Type or print with ink only)

Name of applicant _____
Nature of business _____
Product / Service to be sold _____
Applicant address _____
Telephone Number _____
Date of Birth _____ Age _____ Sex _____
Height _____ Weight _____ Color: Eyes _____ Hair _____
Driver's License Number _____ State Issued _____
Social Security Number _____
Vehicle used: Make _____ Model _____ Year _____
Color _____ License Plate # _____ State Issued _____
Insurance carrier _____
Insurance carrier address _____

If not self-employed list corporation, company, firm, partnership or employer
Name _____
Address _____
Telephone Number _____

List Municipalities In Which Applicant Has Ever Engaged In Said Activities And Indicate Whether A Permit Was Applied For, Received, Denied Or Revoked _____

Has Applicant Been Convicted Of Any Crime, Misdemeanor, Disorderly Persons Offense, Or Traffic Offense? If Yes, Attach Details _____

The facts set forth in this application are true and complete. I understand that false statements on this application shall be considered sufficient cause for denial, suspension, or revocation of my license. I also understand that if any of the statements made are false, I may be subject to criminal prosecution under the laws of the State of New Jersey. I hereby agree to abide by and accept all the terms, conditions, limitations, and restrictions contained in the Borough of Frenchtown Ordinances.

Signature Of Applicant _____ Date _____

Sworn before me on _____ Notary _____

=====DO NOT WRITE BELOW THIS LINE - OFFICIAL USE ONLY=====

CHIEF OF POLICE/DIRECTOR:

The Above Named Person and Firm Have Been Investigated For Character And Business Responsibility.

The Application Is Approved _____

The Application Is Disapproved Because _____

Chief of Police/Director _____ Date _____

FOR CLERKS OFFICE ONLY - Valid if signed, sealed, & dated - Licensed by the Borough of Frenchtown

PERMIT # _____ **Valid from:** _____ **To:** _____

Municipal or Deputy Clerk

Date

Seal

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CHECKLIST TO BE REVIEWED BY APPLICANT BUT COMPLETED BY MUNICIPAL AGENT

- Application with all necessary fields filled out properly
- Authorization for release signed
- Two (2) photos (2 1/2 x 2 1/2) of applicant taken within sixty (60) days prior to application, must be attached to application.
- Certificate of insurance as proof of current liability coverage.
- Copy of business registration certificate
- Initial application fee paid for each application: \$25.00
- Date submitted to P.D. _____
- Date returned from P.D. _____
- If approved, contact applicant that permit will be ready –AND- ask what length of time the permit will be for. This will be used to calculate the permit fees. This will also be used to calculate length of permits for the licensees of the primary agent.

FEEES

IF AGENT OF PRIMARY LICENSEE

There shall be a fee of \$25 per permit for each individual selling items in association with each primary license holder.

- Application designates agent of primary licensee

Fee collected: \$ _____ Date: _____

- Clerk or Deputy Clerk signs-seals

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**BOROUGH OF FRENCHTOWN CANVASSER/SOLICITOR AUTHORIZATION FOR
RELEASE OF INFORMATION**

I, _____, HAVE MADE APPLICATION WITH FRENCHTOWN FOR A CANVASSERS/SOLICITOR'S PERMIT/LICENSE. THE FRENCHTOWN POLICE DEPARTMENT NEEDS TO THOROUGHLY INVESTIGATE MY BACKGROUND AND PERSONAL HISTORY TO EVALUATE MY QUALIFICATIONS TO OBTAIN A CANVASSER'S/SOLICITOR'S PERMIT/LICENSE. IT IS IN THE PUBLIC INTEREST THAT ALL RELEVANT INFORMATION CONCERNING MY PERSONAL AND EMPLOYMENT HISTORY BE DISCLOSED.

I, _____, HEREBY AUTHORIZE AND DIRECT THE RELEASE OF ANY INFORMATION OR RECORDS IN YOUR FILES THAT PERTAIN TO ME, WHETHER SAID INFORMATION OR RECORDS ARE PUBLIC, PRIVATE, OR CONFIDENTIAL IN NATURE AND I HEREBY DIRECT YOU TO RELEASE SUCH INFORMATION. IT IS MY SPECIFIC INTENT TO PROVIDE ACCESS TO PERSONNEL INFORMATION, HOWEVER PERSONAL OR CONFIDENTIAL IT MAY APPEAR TO BE. I HEREBY RELEASE YOU, THE AGENCY, AND OR EMPLOYEES OF YOUR ORGANIZATION (IF APPLICABLE) HARMLESS FROM ANY AND ALL CLAIMS AND LIABILITY ASSOCIATED WITH THE RELEASE OF INFORMATION OR WITH ANY DECISION BY THE FRENCHTOWN POLICE DEPARTMENT AND THE BOROUGH OF FRENCHTOWN WHETHER OR NOT THEY ISSUE ME A CANVASSER'S/SOLICITOR'S PERMIT/LICENSE.

I UNDERSTAND MY RIGHTS UNDER TITLE 5, UNITED STATES CODE, SECTION 552A, THE PRIVACY ACT OF 1974, WITH REGARD TO ACCESS AND TO DISCLOSURE OF RECORDS, AND I WAIVE THOSE RIGHTS WITH THE UNDERSTANDING THAT INFORMATION FURNISHED WILL BE USED BY THE FRENCHTOWN POLICE DEPARTMENT DURING THE COURSE OF THEIR CANVASSER'S/SOLICITOR'S BACKGROUND INVESTIGATION. NOTE: A PHOTOSTATIC, FAXED, AND/OR SCANNED EMAIL COPY OF THIS AUTHORIZATION SHALL BE CONSIDERED AS EFFECTIVE AND VALID AS THE ORIGINAL.

DATE: _____

SIGNATURE OF APPLICANT:

PRINT NAME