

BOROUGH OF WEST LONG BRANCH
APPLICATION FOR LICENSE TO SOLICIT

Applicant's Name: _____ Date: _____

Name of Business: _____

Applicant's Email: _____

Applicant's Phone Number: _____

Address (P.O. Box # Not Acceptable):

Business Address:

Place or Places of the Applicant's Residence for the Preceding 3 Years:

Applicant's Date of Birth: _____ Sex: _____ Race: _____

Hgt: _____ Wgt: _____ Hair Color: _____ Eye Color: _____

Social Security Number: _____

Briefly describe type of article(s) or service(s) to be sold or furnished and the purpose for which money is to be solicited:

State date(s), length of time, and/or the name of the event for which permit is sought:

How much money does applicant expect to collect: _____

Is the collected money for partial or full payment of article(s) to be sold or service(s) to be rendered: _____

Is applicant authorized to conduct business through any registered office of the State of New Jersey: _____

If yes, supply name and address of said office: _____

Is applicant conducting said business on behalf of someone else: _____

If yes, supply name and address of said person and attach a letter of authorization to conduct said business from that person:

Has applicant ever been convicted of a crime in the State of New Jersey or any other State: _____

If yes, supply the name and State of the arresting agency, charge for which convicted, and disposition:

Does applicant hold a valid driver's license: _____ If yes, supply license number and State of issue: _____

Applicant's Signature: _____

FOR OFFICE USE ONLY

Background Conducted By: _____

License Issued By: _____

License No.: _____ Date Issued: _____ Exp. Date: _____

Class of License: _____ New: _____ Renewal: _____