

Amt Pd:\$_____ Init: _____
Ck/Mo # _____
Receipt #: _____

BOROUGH OF SPOTSWOOD
77 SUMMERHILL ROAD
SPOTSWOOD, NJ 08884

YEAR: 20_____

\$55.00 *per person*
License Valid for 90 days only

Municipal Clerk’s Office
(732) 251-0700 x8025

APPLICATION TO SOLICIT AND CANVAS
(Please print or type)

Name of Applicant _____ Home Telephone _____

Home Address _____

Date of Birth _____ Height _____ Weight _____ Hair _____ Eyes _____

Driver’s License No. _____ State: _____ Exp. Date: _____

Vehicle Used: Make _____ Year _____ Color _____ License
Plate No. _____

Company or Organization Name _____

Business Address _____

Telephone No. (_____) _____ - _____

Describe the nature of the business and the goods, property or services to be sold or supplied:

Name of Municipalities where current solicitor’s permits are held:

Have you ever been arrested for violations of any State Laws or Municipal Ordinances? _____
If yes, state full facts below:

Applicant’s Signature _____

List names and addresses of all associates who will be soliciting with the applicant herein named.
(Please use reverse side of this form)

(DO NOT WRITE BELOW THIS SPACE)

Date Application Rec’d _____ Date Fingerprinted _____

Investigating Officer _____

Application Approved _____ Application Denied _____
(Date) (Date)

Reason for Denial _____

ADDITIONAL ASSOCIATES SOLICITING OR CANVASSING WITH APPLICANT:

Name	Driver’s License No.
Name	Driver’s License No.
Name	Driver’s License No.
Name	Driver’s License No.
Name	Driver’s License No.
Name	Driver’s License No.
Name	Driver’s License No.
Name	Driver’s License No.
Name	Driver’s License No.
Name	Driver’s License No.

(Please include a CLEAR copy of each applicants driver’s license)