



BOROUGH OF CLEMENTON

101 GIBBSBORO ROAD
CLEMENTON, NEW JERSEY 08021

TELEPHONE
856-783-0284

FAX
856-783-3410

SOLICITORS PERMIT APPLICATION

NAME OF APPLICANT _____

ADDRESS _____

DATE OF BIRTH _____ D.L. LICENSE # _____

NAME OF COMPANY _____

BUSINESS ADDRESS _____

TYPE OF SALES _____

TERM OF SOLICITATION: FROM _____ TO _____

The Borough of Clementon requires that this application be filled out in full. The second sheet is for the Police Department. A form must be filled out for each person who will be soliciting on the streets of Clementon.

The fee is \$5.00 per day per person.

FEE PAID \$ _____

APPROVED _____ DENIED _____

Chief of Police

Borough Clerk

PERMIT NUMBER _____

DEPARTMENT OF POLICE

BOROUGH OF CLEMENTON

101 GIBBSBORO ROAD
CLEMENTON, NEW JERSEY 08021



(856) 783-2271

Fax: (856) 784-3825

SOLICITOR'S REGISTRATION CERTIFICATE

Applicant Name: _____

Home Address : _____
(Street) (City) (State)

Date of Birth _____ Ht. _____ Wt. _____ Hair _____

Eye Color _____ Social Security Number _____

Name of Employer _____

Business Address _____

Business Phone (____) - ____ - ____

Supervisor's Name _____

Type of Solicitation to be conducted: _____

Method of Operation: _____

Solicitation Dates _____ to _____ Times _____ to _____

Have you ever had a Clementon Borough Solicitor Permit? (Yes) (No)

Has a Permit ever been denied or revoked in Clementon Borough?
(Yes) (No) (If yes, explain when and why) _____

Have you ever been convicted of a felony under the laws of this
state or any other state or under federal law? (Yes) (No):
If yes, explain when and why _____

The undersigned hereby swears, deposes and states that the above
statement of facts in this application are true and correct to the
best of his/her knowledge, information and belief.

SWORN AND SUBSCRIBED TO BEFORE ME THIS _____ DAY OF