BOROUGH OF NEW PROVIDENCE
SETTLED IN 1720

360 Elkwood Avenue
New Providence, NJ 07974
(908) 665-1400 x0
www.newprov.us

SOLICITOR/CANVASSER PERMIT APPLICATION

FOR USE BY FOR-PROFIT AND NON-CHARITABLE ORGANIZATIONS OR BUSINESSES

Applications will **NOT** be processed without proper documentation. Documents to be submitted with this application:

1. Photocopy of the Certificate of Authority To Collect Sales Tax.
2. Photocopy of Applicant's current driver's license.
3. *Notarized* letter from company with proper signature(s), authorizing you to act as representative. If you are the company owner, a *notarized* letter stating this information.

Fee Payable When Application Is Submitted
(Cash, Credit Card, or Check payable to "Borough Of New Providence)

Solicitor Permit Fee: $515.00/year _____ date paid
$105.00/month _____ date paid

PLEASE NOTE ALL SOLICITOR PERMITS EXPIRE DECEMBER 31st OF THE LICENSING YEAR, AND FEES ARE NOT PRO-RATED BASED ON DATE OF APPLICATION.

_____
Date

Please type or print *clearly and complete all sections*

CONTACT INFORMATION

NAME _____

HOME
ADDRESS: _____

_____

HOME
PHONE NO. ( )_____

BUSINESS
PHONE NO. ( )_____

CELL
PHONE NO. ( )_____

PERSONAL INFORMATION

DATE OF BIRTH: _____

SOCIAL SECURITY NO. _____

PLACE OF BIRTH: _____

PHYSICAL CHARACTERISTICS: HEIGHT_____ WEIGHT_____ SEX_____

HAIR COLOR_____ EYE COLOR_____

DRIVER'S LICENSE NO.: _____

STATE LICENSE IS ISSUED: _____

BACKGROUND INFORMATION

HAVE YOU EVER BEEN CONVICTED OF A CRIME: YES_____ NO_____

IF YES, PLEASE REPORT DATE(S), LOCATION(S) OF THE OFFENSE(S) AND DETAILED NATURE OF THE OFFENSE(S):

_____
_____
_____
_____

HAVE YOU EVER BEEN CONVICTED OF VIOLATING A MUNICIPAL ORDINANCE IN ANY TOWN: YES_____ NO_____

IF YES, PLEASE REPORT DATE(S), LOCATION(S) OF THE OFFENSE(S) AND DETAILED NATURE OF THE OFFENSE(S):

_____
_____
_____
_____

HAVE YOU EVER BEEN REFUSED A SOLICITOR'S PERMIT IN ANY TOWN: YES_____ NO_____

IF YES, PLEASE REPORT DATE(S), LOCATION(S) OF THE OFFENSE(S) AND DETAILED NATURE OF THE OFFENSE(S):

_____
_____
_____
_____

COMPANY INFORMATION

NAME OF COMPANY _____

COMPANY ADDRESS _____

COMPANY PHONE NO.: ( ) _____

OWNER'S NAME _____

SUPERVISOR'S NAME _____

MAKE OF COMPANY VEHICLE: _____

MODEL & YEAR OF COMPANY VEHICLE: MODEL_____ YEAR _____

LICENSE PLATE NO. OF VEHICLE BEING DRIVEN: _____

STATE LICENSE PLATE ISSUED: _____

PRODUCT INFORMATION

COMPLETE DESCRIPTION OF PRODUCTS/INFORMATION TO BE SOLICITED:

_____

_____

_____

_____

_____

_____

APPLICANT'S CERTIFICATION

I DO SOLEMNLY DECLARE AND CERTIFY, UNDER THE PENALTIES OF THE LAW, THAT THE FOREGOING INFORMATION IS TRUE AND CORRECT, AND THAT THE BUSINESS CONDUCTED WILL BE IN ACCORDANCE WITH THE ORDINANCES OF THE BOROUGH OF NEW PROVIDENCE.

I UNDERSTAND THAT, IF THE BOROUGH OF NEW PROVIDENCE ISSUES A SOLICITOR'S PERMIT TO ME, THAT THIS PERMIT IS NOT TRANSFERABLE TO ANY OTHER PERSON AND THE FEE PAID IS NON-REFUNDABLE.

_____ _____
Printed Name Signature

Applicant's Signature Must Be Notarized

STATE OF _____
COUNTY OF _____

Sworn and subscribed to me this _____ day of _____, 20_____.

_____ _____
Printed Name of Notary Public Signature of Notary Public

Notary Public Seal

OFFICE USE ONLY

The foregoing application is: Approved_____ Denied_____

Reason For
Denial:_____
_____
_____
_____

_____ _____
Signature of Police Chief Date

Permit #_____ Expiration Date:_____
Dated Issued:_____

_____
Signature of Borough Clerk

POLICE DEPARTMENT
NEW PROVIDENCE, NEW JERSEY

Daniel Henn
Chief of Police

Donald Sretenovic
Lieutenant
Patrol Commander

Stephen Drown
Captain

Sean Bubb
Lieutenant
Detective Commander

RELEASE AUTHORIZATION

To whom it may concern:

I, _____, have made application for a limo/taxi license with the Borough of New Providence. As part of this process and prior to approving my application, the New Providence Police Department needs to thoroughly investigate my employment, background, and personal history to evaluate my qualifications for the permit I have applied for.

I therefore, authorize you to release any and all information relating to my employment or otherwise pertaining to me to the New Providence Police Department, or its representative, regardless of any agreement I may have made with you previously to the contrary.

I hereby release you, your organization, and all others from liability or damages that may result from furnishing this information requested, including liability or damage pursuant to any state or federal laws.
I hereby release, discharge and/or exonerate the New Providence Police Department, its agents and representatives, and any person so furnishing the information requested from any liability of any nature and kind, arising out of the furnishing, inspection or collection of such documents, records and other information or the investigation conducted by the New Providence Police Department.

A photocopy of this document will be considered as effective and valid as the original.

Name: _____

Address: _____ Apartment: _____

Town, State, Zip Code: _____

Signature: _____ Date: _____

To be completed by a Notary Public:

Subscribed and sworn to before me this _____ day of _____, 20____.
Notary Stamp

Signature of Notary Public: _____

360 Elkwood Avenue ■ New Providence ■ New Jersey ■ 07974
908-665-1111 ■ 908-665-9873 (FAX)