City of Bridgeton
Office of Municipal Clerk
181 E. Commerce St, Bridgeton NJ 08302

Nichole Almanza, RMC, CMR
Municipal Clerk & Registrar of Vital Statistics

856-455-3230 ex. 227
almanzan@cityofbridgeton.com

SOLICITORS/CANVASSAR APPLICATION

Fee of $100.00 due at time of application

(§ 149-26 Peddling and soliciting. B. Solicitors or canvassers (§ 254-14): $100)

Veteran No fee- Must supply military discharge papers

Read every question carefully. ANSWER EVERY QUESTION-LEAVE NO BLANK SPACES.
If the question does not apply to you, state same. Per Ordinance No. 89-37, an applicant who has intentionally made a false statement of material, fact, or practiced, or attempted to practice, any deception or fraud in this application, may be rejected &criminally prosecuted

Applicant's Name: _____

Applicant's Address: _____

Phone No: (_____) _____-_____ Email: _____

Date of Birth: _____/_____/_____ SSN: _____-_____-_____

Name, Address of Corporation, Registered Agent & Phone No: _____

_____

Statement as to whether the applicant has been arrested for any crime or offense or the violations of any Municipal Ordinance other than traffic offense, date & place of conviction, nature of offense & punishment: _____

_____

_____

Character References, **Name Address & Phone No.**

1._____

2._____

Business References, **Name Address & Phone No.**

1._____

2._____

☐ Profit ☐ Non-Profit

If a vehicle is used, a description & license no. _____

_____

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If applicant is employed by another, Name & Address of employer. _____

_____

Days & times during which activity is to be conducted (within limits of City Ordinance) _____

_____

Description of goods & nature of business or services to be sold or supplied: _____

_____

Place of manufacture or production of goods: _____

Where products are located at time application is filed: _____

_____

Method of delivery: _____

I hereby certify that the foregoing information given on this application is true &complete to the best of my knowledge &belief. I further agree to comply with all the laws &ordinance of the City of Bridgeton applicable to the operation of business described herein.

_____ _____
Signature Date

RELEASE AUTHORIZATION

To all references, courts, Probation Departments, Employers, Schools, &other institutions &agencies without exceptions:

I, _____, am making application for licensure in the City of Bridgeton. As a result, an investigation is being conducted to determine my eligibility.

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Therefore, you are authorized to release to the Bridgeton Police Department, or its representatives, any &all information you may have on file pertaining to me, whether this is documentary, oral, or otherwise, that they may request.

A Photostat copy of this authorization will be considered as effective &valid as the original.

_____ _____ _____
Print Name Signature Date

_____
Address

_____ _____ _____
Date DOB SSN

_____ _____
Witness Date

----------INVESTIGATING OFFICER ONLY----------

Applicant Approved: Yes ☐ No ☐

_____ _____
Signature of Investigating Officer Date

----------CLERK'S OFFICE USE ONLY----------

Fee Paid: Yes ☐ No ☐ $_____ Receipt No._____

Clerk's Comments: _____

_____

License No. _____ License Exp. Date: _____

Date License Issued: _____