



TOWNSHIP OF BERKELEY HEIGHTS

29 Park Avenue
Berkeley Heights, NJ 07922

Phone: (908) 464-2700
Fax: (908) 464-6081

PEDDLERS, SOLICITORS & CANVASSERS APPLICATION

Township Code - Title 5 Chapter 5.20

This application must be answered completely and truthfully.

Incomplete Applications will not be processed. A list of application requirements can be found on Page 3.
The Berkeley Heights Police review all applications and may require a state and/or federal fingerprint check.
All permits issued will expire December 31st.

LICENSE FEES PER CALENDAR YEAR:

Peddlers/Hawkers/Huckster: \$ 95.00

Canvassers/Solicitors: \$ 95.00

PLEASE PRINT

☐ New
☐ Renewal

NJ SALES TAX I.D.# _____

NOTE: Applicant must provide a copy of Tax ID Card.

NAME OF APPLICANT: _____

PERMANENT ADDRESS: _____

TEMPORARY/BUSINESS ADDRESS: _____

TELEPHONE: HOME/CELL: () _____ **WORK/CELL:** () _____

DATE OF BIRTH: _____ **AGE:** _____ **HEIGHT:** _____ **WEIGHT:** _____

EMPLOYER, COMPANY, ORGANIZATION OR FIRM REPRESENTED:

Name	Address	Phone

NOTE: Applicant must provide a letter or written statement, certifying the applicant is authorized to act as a representative of the individual, firm or corporation.

Type of license applying for: () PEDDLER () CANVASSER () SOLICITOR

Nature of goods/merchandise to be sold or offered for sale or the nature of the services to be furnished

List of place(s) of residence for the preceding three (3) years

Has a municipality ever rejected applicant or firm for a peddler / canvasser / solicitor or similar permit?

() NO () YES - If Yes, Explain:

Has applicant ever been arrested or convicted of a crime, disorderly persons offense or violation of any municipal ordinance, especially relating to soliciting/canvassing or peddling?

() NO () YES - If Yes, Explain (including when, where and the nature of the offense):

Names of other municipalities in New Jersey where applicant has been issued a permit to solicit, canvass, or peddle in the past two (2) years

HOURS OF OPERATION: _____

NOTE: Peddling, Canvassing or Soliciting shall be RESTRICTED to the hours of 9:00 am and 9:00 pm.

VEHICLE INFORMATION (IF APPLICABLE)

MAKE: _____ MODEL: _____ YEAR: _____ COLOR: _____

LICENSE PLATE: _____ DRIVER'S LICENSE #: _____

NOTE: Please provide a copy of the Vehicle Registration & Vehicle Insurance Card.

Route planned to be taken and the corresponding list of days the person will be soliciting, canvassing or peddling along that route:

REFERENCES:

Please provide name, address & telephone number of two (2) business references in Union County:

Name & Address	Telephone Number
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I, _____, hereby certify that I have fully and truthfully answered this application and will abide by all law of the State of New Jersey and ordinance of the Township of Berkeley Heights.

Signature of Applicant

Sworn to and Subscribed before me on this _____ Day, of _____, 20_____.
County of _____, State of New Jersey.

Signature of Notary

(Seal)

Submit this application in duplicate, along with the following, to the Township Clerk's office:

- ☐ 2 Passport Sized Photos (2 in. x 2 in.)
- ☐ Copy of Tax ID Card (Permits will NOT be issued without a Tax ID)
- ☐ Letter Certifying the Applicant to Act as a Representative of the Individual, Firm, or Corporation
- ☐ Copy of your Driver's License
- ☐ Police Authorization for Release of Information and Records

NOTE: The Berkeley Heights Police may require a state and/or federal fingerprint check.

APPLICANT: _____

POLICE DEPARTMENT:

I Recommend: () Approval () Disapproval
For Reasons Stated:

Chief of Police

HEALTH DEPARTMENT:

I Recommend: () Approval () Disapproval
For Reasons Stated:

Health Officer

LICENSE APPROVAL:

License Number: _____

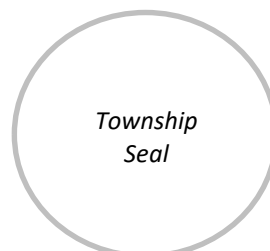
Date Issued: _____

Expiration Date: _____

Fee Paid: _____

Veterans Number: _____

Angela Lazzari, RMC
Township Clerk



FRANK MEA, JR
CHIEF OF POLICE



29 PARK AVENUE
BERKELEY HEIGHTS, NJ 07922
(908) 464-1111 Fax: (908) 464-7076

DEPARTMENT OF
POLICE
BERKELEY HEIGHTS
UNION COUNTY, NEW JERSEY

AUTHORIZATION FOR RELEASE OF INFORMATION AND RECORDS

I, _____, Social Security No. _____, Date of

Birth _____, am making an application to the Berkeley Heights

Police Department, NJ for a background check for the purpose of obtaining a:

_____. Therefore, you

are hereby authorized to release, without liability onto you, or your company, agency, bureau or

institution, any information, records, documents, reports, evaluation, examinations or any and all

other information pertaining to me that they may request. A photocopy of this authorization will

be deemed as effective as the original.

Date _____, Signature _____

Witness Name _____, Witness Signature _____