



Borough of Milltown
Borough Clerk's Office
39 Washington Avenue | Milltown, NJ 08850
(732) 828-2100 x 181



APPLICATION FOR SOLICITOR LICENSE

This license is required under the Milltown Borough, Section 4-7.
Each individual applicant must complete an application prior to operating
within the Borough of Milltown

FEES: \$200 if soliciting with use of a vehicle
\$100 if soliciting without use of a vehicle
\$45 Initial Application
\$25 Renewal Application

Must also submit:
fingerprint check
2 passport size photos

Complaints of illegal or aggressive sales tactics reported to the Borough of Milltown from residents will be immediately forwarded to the Attorney General Consumer Protection Office.

SECTION 1 – APPLICANT NAME AND ADDRESS

Applicant Name: _____
Other Names Known By: _____
Permanent Address: _____
City: _____ State: _____ Zip: _____
Phone Number: _____ Fax Number: _____
Driver's License Number : _____ State of Issue: _____
Issue: _____ Expiration _____
Height: _____ Weight: _____ Eyes _____ Age: _____ Date of Birth: _____
Social Security #: _____

SECTION 2 – VEHICLE INFORMATION

(Complete for each vehicle to be used while engaging in soliciting)

1. Vehicle Year: _____ Make and Model: _____
Color: _____ License Plate Number: _____
VIN Number : _____
2. Vehicle Year: _____ Make and Model: _____
Color: _____ License Plate Number: _____
VIN Number : _____

SECTION 3 – BUSINESS INFORMATION

Name of Business: _____
Principal Place of Business Address: _____
City: _____ State: _____ Zip: _____

TYPE OF MERCHANDISE OR SERVICES TO BE OFFERED

Length of time applicant or applicant's agents expect to be soliciting within the Borough Limits: _____

Number of agents, other than applicant, the applicant expects to have soliciting within the Borough Limits: _____

SECTION 4 – BACKGROUND INFORMATION

Has applicant been convicted of any crime, misdemeanor, or violation of any Municipal ordinance: Yes _____ No _____

If yes, state nature and circumstances of offense:

Penalty or punishment assessed: _____

AUTHORIZATION FOR RELEASE OR PERSONAL INFORMATION AGREEMENT

I am an applicant for a solicitor license with the Borough of Milltown. The Borough of Milltown needs to thoroughly investigate my employment background and personal history to evaluate my qualifications to hold the position for which I applied. I have authorized the Borough of Milltown to gather all available information regarding my background and personal history that may include a review of professional and personal references, driving record, criminal record, and other information that may be of a confidential or privileged nature.

I, the undersigned, authorize you to furnish to the Borough of Milltown with any and all information you have concerning me, including without limitation my work record, my background and reputation, my criminal history; including any arrest records and information contained in investigatory files, my military service records, my education background and such information and records as you have in your possession relating to me.

I hereby agree to release you and those who supply you with the above information, your company, or organization and the Township of Borough of Milltown, and its employees from any liability for any damage, which may result from furnishing the requested information.

Applicant Signature: _____

SECTION 5 – TO BE COMPLETED BY THE MILLTOWN BOROUGH POLICE DEPT.

Past Criminal Record: _____	
Vehicle Inspected: <u>YES - NO</u>	By: _____
Approved: _____	Denied: _____
Signature: _____ Date: _____	

SECTION 6 – ISSUANCE OF LICENSE

Solicitor License:
TOTAL FEES PAID: RECEIPT NUMBER:
SOLICITORS PERMIT NUMBER:
DATE: _____ EXPIRATION DATE: _____
Signature of Milltown Borough Clerk: _____
Date Approved: _____
***** ALL APPLICANTS MUST HAVE VALID DRIVERS LICENSE, AND VEHICLE BEING USED MUST CONFORM TO ALL N.J. MOTOR VEHICLE LAWS. PERMIT WILL BE ISSUED FOLLOWING INSPECTION OF ALL DOCUMENTS BY THE MILLTOWN BOROUGH POLICE DEPARTMENT. THE I.D. CARD MUST BE WORN ON AN OUTER GARMENT WHEN CANVASSING, AND A COPY OF THIS PERMIT MUST BE KEPT IN THE VEHICLE TO WHICH THE PERMIT HAS BEEN ISSUED.

(1) Originating Agency Number (ORI #) NJ0121200		(2) Category LOX		(3) Statute Number 13:59-1	
(4) Reason for Fingerprinting LOCAL ORDINANCE - Solicitor Permit				(5) Document Type S1	(6) Payment Information \$42.80
(7) Contributor's Case # (Unique Identifier)				(8) Miscellaneous SERVICE CODE 2F17ZY	
(9) First Name		(10) MI		(11) Last Name	
(12) Daytime Phone Number () -		(13) Social Security Number (Optional)		(14) Date of Birth	(15) Height
(16) Weight		(17) Maiden or Alias Last Name		(18) Place of Birth (US State if US Citizen; Country for all others)	
(19) Country of Citizenship					
(20) Home Address					
Address		City		State	Zip
(21) Gender (Select one) [] Female [] Male [] Both		(22) Hair Color		(23) Eye Color	(24) Race (Select One)
(25) Occupation / Position (with respect to Requirement)		(26) Employer / Organization Name (with respect to Requirement)			
Employer Address		City			
State		Zip			
Identification Requirement - Acceptable Identification must be presented at the <u>time of printing</u> . Identification presented MUST be one (1) document that is current (not expired). A combination of documents will not be accepted. The single document must include the following criteria: Photo, Name, Address (home/issuing agency) and Date of Birth. Acceptable ID must be issued by a Federal, State, County or Municipal entity for identification purposes. Examples of acceptable ID are: 1) Valid U.S. State Photo Driver's License/ Non Driver's License, 2) U.S. Passport, 3) USCIS Permanent Resident ID Card (issued after 5/10/2010), and 4) USCIS Employment Authorization Card (issued after 10/31/2011).					

Please READ This Form Carefully:

Follow all of the instructions provided by your agency/employer to complete the fingerprint process. You must have this form (Blocks 1 through 26) completed prior to scheduling your fingerprint appointment via the website or call center. **PLEASE PRINT LEGIBLY.** It is **required** that you **present** this completed Universal Fingerprint Form, IDG_NJAPP_051719_V1, at your scheduled appointment.

Appointment Scheduling:

Scheduling is available anytime at <https://uenroll.identogo.com/>. Appointments may also be scheduled through our Call Center. English and Spanish speaking agents are available at **1-877-503-5981**, Monday through Friday, 8:00AM to 5:00PM EST and Saturday, 8:00AM to 12 Noon EST.

Payment:

When an applicant is responsible for payment, payment is required at the time of scheduling. The following forms of payment are accepted: Visa, MasterCard, American Express, Discover and prepaid debit cards, or electronic debit (ACH) from a checking account. Accounts will be debited immediately.

Cancel/ Reschedule:

Appointments may be canceled or rescheduled via the website or the call center before the deadline of 5PM EST the business day prior to the scheduled appointment (Saturday Noon for Monday appointments). An appointment fee of \$12.00 plus tax (\$12.80) will be incurred by applicants who do not cancel/reschedule their appointment prior to the deadline. Idemia Identity & Security will refund the remainder of the fee paid (state/federal search fees) to the original payment method.

Unable to be Fingerprinted:

An applicant is considered "Unable to be Fingerprinted" for any of the following reasons: Failure to appear for scheduled appointment, inability to present proper identification, inability to present this completed Universal Fingerprint Form IDG_NJAPP_051719_V1, or the information on this form does not exactly match the information provided during the scheduling process. Applicants unable to be fingerprinted will incur a \$12.00 plus tax (\$12.80) appointment fee. Idemia Identity & Security will refund the remainder of the fee paid (state/federal search fees) to the original payment method.

PCN and Receipts:

Upon the completion of fingerprinting, you will be assigned a PCN number. The PCN will be recorded on this form and on your receipt. Idemia Identity & Security will not provide *duplicate receipts, PCN Numbers or any appointment/printing information after the time of printing.*

Applicant ID Number:	Payment Authorization:	PCN:
Scheduled Day & Date:	Scheduled Time:	Scheduled Site:
Agency Information: MILLTOWN POLICE DEPARTMENT		

You **MUST** retain a copy of this form and the receipt of printing for your personal records.

APPLICANTS MUST NOT ALTER, SHARE, OR REUSE THIS FORM