TOWNSHIP OF NORTH HANOVER
41 SCHOOLHOUSE ROAD
JACOBSTOWN, NEW JERSEY 08562
Phone – 609-758-2252 Fax – 609-758-3016

1. Fill out the attached application in its entirety.

2. Sign the application where indicated. Your signature authorizes the North Hanover Township Police Department to perform a criminal background check and process your fingerprints, should they feel it is necessary.

3. Submit the completed application along with two recent (no more than 6 months old) photographs, approximately 2 inches by 2 inches, clearly showing the head and shoulders of the applicant and a copy of your valid driver's license to the Office of the Township Clerk, along with a permit fee of $50.00 and Investigation of Applicant fee of $75.00 (total fee of $125). **Both fees are non-refundable**.

4. Upon receipt, your application will be forwarded to the Police Department who shall undertake the necessary investigation and shall indicate their approval of denial.

5. If the license application is for the sale of food products, the applicant is required to present an inspection report issued by the Burlington county Health Department.

6. If a permit is issued, solicitor is required to carry the license with them while engaged in the business licenses and produce the license if requested.

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APPLICATION FOR SOLICITOR'S/CANVASSER'S PERMIT

NAME: _____

ADDRESS: _____

HOME PHONE #: _____ Cell Phone #: _____

EMAIL ADDRES: _____

DATE OF BIRTH: _____ EYE COLOR: _____

HEIGHT: _____ WEIGHT: _____

SOCIAL SECURITY #: _____ DRIVERS'S LICENSE #: _____

IS THE APPLICANT AN UNITED STATES CITIZEN: ____ YES ____ NO

COMPANY NAME: _____

COMPANY ADDRESS: _____

FEDERAL IDENTIFICATION #: _____

IS A BOND REQUIRED: ____ YES ____ NO IF YES, PLEASE PROVIDE A COPY

HAVE ALL CERTIFICATE AND/OR LICENSES REQUIRED BY THE STATE OF NEW JERSEY BEEN OBTAINED TO OPERATE THIS BUSINESS? _____YES _____ NO. IF NO, PLEASE EXPLAIN WHY:

_____

_____

LIST CERTIFICATE AND/OR LICENSE NUMBERS: _____

_____

DO YOU CURRENTLY OPERATE ANY OTHER BUSINESSES IN NEW JERSEY?
_____ YES _____ NO IF YES, PROVIDE DETAILS: _____

_____

VECHICLE (if being used) MAKE: _____ MODEL/COLOR: _____

LICENSE PLATE #: _____ VIN #: _____

INSURANCE COMPANY: _____
PLEASE PROVIDE PROOF OF INSURANCE

SPECIFICALLY STATE THE SOURCE OF SUPPLY OF THE GOODS, PRODUCTS OR SERVICES TO BE SOLD; WHERE THE GOODS, SERVICES OR PRODUCTS ARE LOCATED AND THE METHOD OF DELIVERY:

_____

_____

HOURS OF OPERATIONS: _____
(Hours must comply with most Current Township Ordinance 9:00 a.m. to 8:00 pm Monday – Saturday)

NAME, ADDRESS AND PHONE NUMBER OF THE APPLICANT'S EMPLOYER OR ORGANIZATION, WHICH THE APPLICANT REPRESENTS: _____

_____

_____

HAVE YOU BEEN ARRESTED OR CONVICTED FOR ANY MISDEMEANORS, CRIMES OR VIOLATIONS OF MUNICIPAL ORDINANCES? _____ YES _____ NO

IF YES, PLEASE STATE THE NATURE OF THE OFFENSE(S): _____

_____

_____

HAS ANY SUCH LICENSE EVER BEEN REVOKED OR SUSPENDED: ____YES _____ NO

IF YES, PLEASE DESCRIBE THE REASON: _____

_____

AFFIDAVIT

_____, being duly sworn that he/she is the individual making the forgoing for a Solicitor & Canvasser License and that the answers to the questions contained therein are true.

Sworn and subscribed before me this
_____ day of _____, 20____.

_____ **_____**
New Jersey Notary Public **Applicant's Signature**

(Seal)

FOR OFFICIAL USE BY NORTH HANOVER TOWNSHIP ONLY

Date Application Filed:_____

POLICE RECOMMENDATIONS:

Date: _____ APPROVED: _____ DENIED: _____

Check Amt: $_____ Cash Amt: $_____ Date Paid: _____

AUTHORIZATION AND RELEASE FORM

DATE: _____

TO WHOM IT MAY CONCERN:

I, _____, hereby authorize the Office of the Municipal Clerk to disclose any and all information with respect to myself and to furnish all copies of all my records to the Township of North Hanover Police Department. I also hereby release you as the custodian of such information and any federal, State and local law enforcement agency; any and all previous employers including their officers, employees or related personnel; any credit bureau, lending institution, or consumer reporting agency, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family, or associates because of compliance with this authorization to release information, or any attempt to comply with this release

I hereby authorize North Hanover Township Police Department to receive any have total access to the records set forth above and release North Hanover Township Police Department, its officers, employees and agents from any and all liability from damage which may result from the authorization contained herein.

I am voluntarily furnishing the identifying information, listed below, to assist in locating my records

A photostatic copy of this authorization shall be considered as effective and valid as an original.

PRINT NAME: _____

SIGNED: _____

ADDRESS: _____

DATE OF BIRTH: _____ SOCIAL SECUIRTY #: _____

PHONE NUMBER: _____

Sworn and subscribed before me this
_____ day of _____, 20____.

_____
New Jersey Notary Public

(Seal)