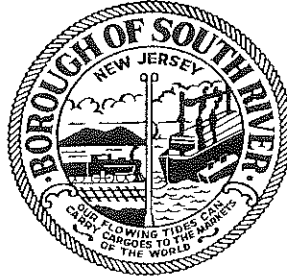


**BOROUGH OF SOUTH RIVER**  
48 WASHINGTON STREET  
SOUTH RIVER, NJ 08882  
PHONE 732-257-1999  
FAX 732-613-6105



License Number  
Granted \_\_\_\_\_

Fee: \$25.00

Fee Received: \_\_\_\_\_

Date Issued: \_\_\_\_\_

DATE POLICE REVIEWED:  
\_\_\_\_\_

Borough Clerk's Signature  
\_\_\_\_\_

\_\_\_\_\_  
Date Filed

**APPLICATION FOR A PERMIT AND LICENSE FOR  
SOLICITORS, CANVASSERS, AND PEDDLERS IN  
THE BOROUGH OF SOUTH RIVER**

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Age: \_\_\_\_\_ Hgt: \_\_\_\_\_ Wgt: \_\_\_\_\_  
Race: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Sex: M \_\_\_\_\_ F \_\_\_\_\_  
Driver's License Number (**Attach copy**) \_\_\_\_\_

Applicant is an Individual, a Company, A partnership, a Corporation?  
(Please circle the appropriate description)

Firm Name: \_\_\_\_\_

Firm Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Length of time requested: \_\_\_\_\_

Does Applicant have Police Record? YES \_\_\_\_\_ NO \_\_\_\_\_

If "YES" explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

References: (list 2)

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Tel No: \_\_\_\_\_

Tel No: \_\_\_\_\_

State nature of applicant's business and description of the merchandise or service  
To be solicited: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Applicant must read ordinance controlling this license and sign below attesting  
to same:

/s/ \_\_\_\_\_  
(Applicant's Signature)

\_\_\_\_\_  
(Date)

PHYSICIAN'S STATEMENT FOR APPLICANT APPLYING FOR  
SOLICITORS, CANVASSERS AND PEDDLERS LICENSE  
IN THE BOROUGH OF SOUTH RIVER

Name \_\_\_\_\_  
(Last) (First) (Middle)

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_  
(Signature of Applicant)

This is to certify that I have examined \_\_\_\_\_,  
Applicant's Name

and certify that he ☐ she ☐ is free of contagious, infectious or communicable disease.

Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Doctor's Signature \_\_\_\_\_ Date \_\_\_\_\_

Doctor's Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_