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

_____
Date Filed

License Number Granted _____

Fee: $25.00

Fee Received: _____

Date Issued: _____

DATE POLICE REVIEWED:

_____

Borough Clerk's Signature

_____

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 _____

_____

_____