TOWNSHIP OF MONTVILLE

SOLICITOR/PEDDLER APPLICATION INSTRUCTIONS

Neatly print and complete all questions on the application. If not applicable, indicate NA.

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Submit the application, along with the following, to the Clerk's office:

- **Payment of $50.00 in cash, money order, or check payable to Montville Township.**
- **Two (2) pictures sized 2x2, head and shoulders only**
- **Letter of Employment with Representing Vendor on letterhead**
- **Copy of driver's license**
- **Copy of registration for all vehicles used to transport the solicitors**
- **Copy of business registration and NJ sales tax certificate for vendor company**

  IF UTILIZING NOTARY SERVICES FROM THE TOWNSHIP, DO NOT PRE-SIGN THE APPLICATION

- Fingerprinting is required. Please request a pre-numbered form from the Clerk's office and be sure to forward the fingerprinting receipt to the Clerk's office after your appointment.
- Food or drink vendors will also need a food license. The food license will not be issued until the solicitor's application is approved but you may apply for the food license simultaneously. The Health Department can be contacted at 973-331-3316.
- **ALL** employees/drivers, etc. of the organization/company must follow the application procedure and also be licensed.

PLEASE NOTE:

- Soliciting in the Township of Montville is only allowed between the hours of 10 a.m. and 8 p.m. Soliciting is not permitted on Sundays.
- A **"NO SOLICITATION LIST"** AS PER THE ORDINANCE IS MAINTAINED BY THE TOWNSHIP CLERK. You will receive a copy when issued the permit, and will be emailed copies as updated. **Be sure you have the most recent list before soliciting in Montville Township.** (Copies will also be available in Township Hall and the Police Front desk.)

Danielle Bogdan,
Montville Township, Deputy Clerk
Phone: 973-331-3345
Fax: 973-402-0787
Email: Dbogdan@MontvilleNJ.org

TOWNSHIP OF MONTVILLE

CANVASSER/SOLICITOR/PEDDLER
LICENSE APPLICATION

FEE NON-REFUNDABLE

ALL EMPLOYEES/DRIVER'S, ETC. OF THE COMPANY/ORGANIZATION MUST FILL OUT APPLICATION AND FOLLOW ALL APPLICATION PROCEDURES.

SUBMIT COPY OF DRIVER'S LICENSE AND VEHICLE REGISTRATIONS WITH APPLICATION.

FOR MUNICIPAL USE ONLY DATE FILED:_____
APPLICATION NO._____NEW_____RENEWAL_____
FEE: $50.00 PER YEAR FEE: CASH_____CHECK_____
OR $15.00 PER DAY NJ TAX CERT. OF AUTHORITY:_____
DATE LICENSE ISSUED:_____

INSTRUCTIONS: COMPLETE ALL ITEMS. IF NOT APPLICABLE, SPECIFY WITH "N/A"
PLEASE PRINT

1. NAME OF APPLICANT:_____
   RESIDENCE:_____
   HOME TELEPHONE NO.:_____WORK TELEPHONE NO.:_____
   CELL PHONE NO.:_____E-MAIL ADDRESS:_____

2. NUMBER OF YEARS AT PRESENT ADDRESS:_____IF LESS THAN 5 YEARS AT PRESENT ADDRESS, INDICATE FORMER ADDRESS:_____
   _____

3. DRIVER'S LICENSE NO.:_____SOCIAL SECURITY NO.:_____

4. NAME AND ADDRESS OF FIRM REPRESENTED BY VENDOR:_____
   _____
   TELEPHONE NO. OF FIRM:_____
   CONTACT PERSON:_____TELEPHONE NO:_____
   CONTACT PERSON E-MAIL ADDRESS:_____
   SUBMITTAL OF CREDENTIALS ESTABLISHING RELATIONSHIP WITH FIRM: YES☐ NO☐

5. TRADE NAME:_____

6. DESCRIBE NATURE OF BUSINESS:_____
   SPECIFY GOODS OR SERVICES TO BE SOLD OR CONTRACTED FOR:_____
   _____

7. AREA OF OPERATION:_____

8. LENGTH OF TIME FOR WHICH PERMIT IS DESIRED (not to exceed one (1) year):_____

9. MOBILE VENDOR: YES☐ NO☐
   IF YES, INDICATE VEHICLE TO BE USED:_____
   LICENSE NO.:_____
   NAME ON VEHICLE:_____

WILL YOU STOP YOUR VEHICLE ON PRIVATE PROPERTY?** YES_____NO_____
IF YES, SPECIFY ADDRESS:_____
BLOCK:_____LOT:_____

*NAME AND ADDRESS OF PROPERTY OWNER:_____
_____
*WRITTEN PERMISSION OF PROPERTY OWNER MUST BE SUBMITTED

10. LIST ALL OTHER MUNICIPALITIES IN WHICH YOU HAVE HELD A SOLICITOR'S LICENSE
_____
_____
_____

11. REFERENCES (NOT RELATED TO YOU), SUBMIT AT LEAST 2 WITH THEIR COMPLETE MAILING ADDRESSES (INCLUDING ZIP CODES) AND TELEPHONE NUMBERS

(1)_____

(2)_____

(3)_____

12. LIST ANY ARRESTS OR CONVICTIONS (MOTOR VEHICLE, CRIMINAL, OR LOCAL ORDINANCES)

VIOLATION:_____ VIOLATION:_____
DATE:_____ DATE:_____
MUNICIPALITY:_____ MUNICIPALITY:_____
STATE:_____ STATE:_____
PENALTY IMPOSED:_____ PENALTY IMPOSED:_____

ATTACH ADDITIONAL INFORMATION, IF NECESSARY

13. PHYSICAL DESCRIPTION:
SEX: MALE☐ FEMALE☐ HEIGHT:_____ WEIGHT:_____
RACE:_____ COLOR OF HAIR:_____ COLOR OF EYES:_____
DATE OF BIRTH:_____ AGE:_____

TWO PHOTOGRAPHS OF APPLICANT MUST BE SUBMITTED WITH THIS APPLICATION. PHOTOGRAPHS MUST HAVE BEEN TAKEN WITHIN SIXTY (60) DAYS IMMEDIATELY PRIOR TO DATE OF APPLICATION AND MUST CLEARLY SHOW THE HEAD AND SHOULDERS OF THE APPLICANT. PHOTOGRAPHS MUST MEASURE (2 x 2) INCHES.

14. FORMER EMPLOYERS AND ADDRESSES (SUBMIT 2)
(1)_____

(2)_____

Catering Trucks which are invited by companies, etc. to sell food products to employees, **not to the general public, are not required to complete this section.

SUBMIT COPIES OF DRIVER'S LICENSE, VEHICLE REGISTRATIONS, AND BUSINESS CREDENTIALS

Upon my oath or affirmation, I certify that all information provided in this application is true. I further certify that I am familiar with Chapter 281, CANVASSERS, SOLICITORS AND PEDDLERS, of the "CODE OF THE TOWNSHIP OF MONTVILLE."

SOLICITING IS PERMITTED MONDAY – SATURDAY, 10 A.M. TO 8 P.M. ONLY.

Sworn and Subscribed to Before Me
This_____Day of_____, 20____.

_____
NOTARY PUBLIC OF NEW JERSEY

MY COMMISSION EXPIRES:_____

SIGNATURE:_____

PRINT:_____

DATE:_____

Approvals: **Police**: Record Found_____See Attached

No Record Found_____Approved_____

Date_____Signature_____

Health: Approved_____

Date_____Signature_____

Twp. Committee: Approved_____Date_____