APPLICATION FOR PEDDLERS OR SOLICITORS LICENSE
TOWNSHIP OF WOODBRIDGE, NEW JERSEY
CHAPTER 4, ARTICLE 4-2

Taking or attempting to take orders for the sale of merchandise or services of any kind for future performance or immediate delivery, whether or not the peddler or solicitor has, carries or exposes, for sale, a sample of the merchandise or services, and whether or not the peddler or solicitor is collecting advance payments for such sales or orders, conducted from a stationary location on any street or other public place, or from traveling by foot, automotive vehicle or any other type of travel, from house to house, place to place to street. Three (3) passport size photos must be submitted with application for each person operating under this license. **Fee: $100.00 (non-refundable) Application Fee for the processing and investigation of this application which includes one (1) person. An additional $50.00 Application Fee is required for each representative operating under this license; plus a License Fee of $125.00 (includes one person with one automobile, vehicle or wagon). This applicant shall also pay an additional $50.00 License Fee for each additional representative.**
(Exemptions listed at end of application). In the event this application is denied, License Fee(s) shall be refunded to applicant.

NJ SALES TAX ID#_____
(Copy of Tax ID Certificate Must Be Attached)

CHECK ONE: (___) NEW APPLICANT (___) RENEWAL FROM IMMEDIATE PRECEEDING YEAR

TYPE OF LICENSE APPLYING FOR (***CHECK ONE***): ( ) PEDDLER ( ) SOLICITOR

NAME OF BUSINESS:_____ d/b/a_____

BUSINESS ADDRESS:_____

BUSINESS PHONE#:_____ CONTACT PHONE#:_____

DATE(S) REQUESTED: COMMENCE DATE:_____ END DATE:_____

ROUTE/NEIGHBORHOOD(S) APPLICANT INTENDS TO CONDUCT PEDDLING OR SOLICITING:

NUMBER OF REPRESENTATIVES CONDUCTING ACTIVITY:____**(Attach a copy of each individual's driver's license or a photo identification card together with a copy of each individual's birth certificate and/or social security card. Also attach a letter from business certifying that the individuals are authorized to act as a representative of said business).**

NATURE OF GOODS/MERCHANDISE/SERVICE TO BE SOLD OR OFFERED:

HAVE YOU OR ANY REPRESENTATIVE TO BE LICENSED UNDER THIS APPLICATION EVER BEEN ARRESTED AND/OR CONVICTED OF A CRIME? ***CHECK ONE:*** ( ) YES ( ) NO

IF YOU ANSWERED YES TO THE ABOVE, EXPLAIN THE NATURE OF THE OFFENSE(S) AND INDICATE THE DATE(S) AND PLACE(S) OF OCCURRENCE: **(Attach police reports and court disposition certification).**

LIST OTHER TOWNS APPLICANT HAS POSSESSED A PEDDLER OR SOLICITORS LICENSE IN THE PAST 2 YEARS.

IF EXEMPT FROM PAYMENT OF APPLICATION AND OR LICENSE FEES, CHECK ONE OF THE FOLLOWING: (If non-profit, attach proof of non-profit status)

( ) Exempt Fire Fighter ( ) Rescue Squad Member ( ) Senior Club ( ) Charitable

( ) School Organization ( ) Scouting Organization ( ) Honorable Discharged from U.S. Military (proof required)

( ) Cultural Society ( ) Historical Society ( ) Religious Organization

( ) Public Utility ( ) Non-profitable making vendors ( ) Sports Teams

- **NO PEDDLING OR SOLICITING BEFORE 9:00 A.M. OR AFTER SUNSET.**
- **NO SOLICITING ON STATE, COUNTY OR MUNICIPAL PROPERTY.**
- **SALE OF SILLY STRING OR SIMILAR PRODUCTS IS PROHIBITED.**
- **IF GOING DOOR-TO-DOOR LICENSEES MUST FOLLOW THE "DO NOT KNOCK" ORDINANCE.**
- **PEDDLERS CANNOT OPERATE WITHIN 1,000 FEET OF ANOTHER PEDDLER OR TRANSIENT MERCHANT.**
- **PEDDLERS MUST MOVE AT LEAST 1000 FEET EVERY 30 MINUTES.**
- **PEDDLERS CANNOT OPERATE WITHIN 1000 FEET OF ANY SCHOOL UNLESS SCHOOL IS CLOSED.**
- **PEDDLERS ARE PROHIBITED FROM OPERATING WITHIN ANY DESIGNATED SPECIAL IMPROVEMENT DISTRICT (SID).**

I hereby certify that I have fully and truthfully completed this application and will abide by all laws of the State of New Jersey and Ordinances of the Township of Woodbridge.

_____
Signature of Applicant

_____
Name of Applicant

Address:_____

Phone#_____

License Number_____

Date Issued: _____

Total Fee Paid: $_____

NOTE: ALL APPROVALS BELOW MUST BE OBTAINED BEFORE SUBMITTING APPLICATION TO THE MUNICIPAL CLERK FOR A LICENSE.

I recommend Approval_____ Disapproval_____
(if disapproved indicate reasons as required by Ordinance)

_____
Joseph Nisky Date
Director of Police

_____
David Kologinsky Date
Health Director (if applicable)

_____
John M. Mitch, RMC, CMC, CMR Date
Municipal Clerk

WOODBRIDGE POLICE DEPARTMENT
PEDDLER, SOLICITORS, OR TRANSIENT MERCHANT LICENSE

ROUTE SHEET

NAME OF APPLICANT: _____

ADDRESS: _____

_____

MALE ____ **FEMALE** _____ **RACE** _____

PHONE: _____

DOB: _____

S.S. # _____

LIC. # _____

DIVISION	RESEARCHED BY	STATUS
RECORDS: REPORTS	_____	_____
DISPATCH: NCIC	_____	_____
D/L CHECK	_____	_____
ATS/ACS	_____	_____
S.I.U.	_____	_____
C.I.D.	_____	_____

KEY: STATUS OF FILE: **F/A = FOUND AND ATTACHED**
N/F = NOTHING FOUND