FILE IN DUPLICATE

APPLICATION WILL NOT BE PROCESSED UNLESS ALL INFORMATION HAS BEEN COMPLETED.
APPROVAL PROCESS FOR THIS APPLICATION TAKES APPROXIMATELY 2-3 WEEKS.

EAST WINDSOR TOWNSHIP
APPLICATION FOR
ITINERANT SALES PERSON

SUBMIT TWO (2) RECENT PHOTOS TAKEN WITHIN THE LAST 3 MONTHS, NOT LARGER THAN 1 ½ X 1 ½ AND A CLEAR COPY OF YOUR DRIVERS LICENSE, FRONT AND BACK

NAME: _____

ADDRESS: _____

HOME PHONE #: _____

E-MAIL ADDRESS: _____

DATE OF BIRTH: _____ AGE: _____ SEX: _____

COMPLEXION: _____ HEIGHT: _____ WEIGHT: _____

RACE: _____ EYES: _____ HAIR: _____ BLOOD TYPE: _____

SOCIAL SECURITY #: _____ D.L. #: _____

IF A VEHICLE IS TO BE USED, GIVE A DESCRIPTION INCLUDING LICENSE PLATE # AND SERIAL NUMBER:

_____

ANSWER YES OR NO TO THE FOLLOWING QUESTIONS (IF YES FOR #1, #2, OR #3, USE BACK OF THIS APPLICATION FOR THE FOLLOWING INFORMATION: DATE & PLACE OF EACH CONVICTION; NATURE OF THE OFFENSE; PUNISHMENT OR PENALTY IMPOSED):

	YES	NO
1. HAVE YOU **EVER** BEEN CONVICTED OF A MOTOR VEHICLE VIOLATION?		
2. HAVE YOU **EVER** BEEN CONVICTED OF A CRIME OR DISORDERLY PERSON OFFENSE?		
3. HAVE YOU **EVER** BEEN CONVICTED OF A VIOLATION OF ANY MUNICIPAL ORDINANCE?		
4. ARE YOU A HABITUAL DRUNKARD?		
5. ARE YOU ADDICTED TO NARCOTICS?		
6. DO YOU SUFFER FROM A PHYSICAL DEFECT OR SICKNESS?		
7. HAVE YOU EVER BEEN ATTENDED, TREATED, OR OBSERVED BY A DOCTOR OR PSYCHIATRIST FOR A MEDICAL/PHYSICAL CONDITION?		

GIVE THE NAME, ADDRESS AND TELEPHONE NUMBER OF EMPLOYER (ATTACH CREDENTIALS ESTABLISHING RELATIONSHIP):

NAME: _____

ADDRESS: _____

_____

PHONE #: _____

1. APPLICANT CERTIFIES THAT ALL STATEMENTS MADE ON THIS FORM ARE TRUE AND CORRECT TO THE BEST OF HIS/HER KNOWLEDGE.

2. APPLICANT FURTHER CERTIFIES THAT NEITHER HE NOR THE PRODUCT OR SERVICE HE SELLS HAS BEEN THE DEFENDANT OR SUBJECT OF ANY ACTION SUCCESSFULLY PROSECUTED BY ANY CONSUMER AFFAIRS AGENCY OF ANY GOVERNMENT IN NEW JERSEY.

SIGNED: _____ DATE: _____

DESCRIPTION OF THE GOODS, PROPERTY OR SERVICES TO BE SOLD OR SUPPLIED:

_____

_____

_____

_____

PLACE WHERE THE GOODS OR PROPERTY TO BE SOLD OR ORDERS TAKEN FOR, ARE MANUFACTURED OR PRODUCED; WHERE SUCH GOODS OR PRODUCTS ARE LOCATED AT THE TIME THIS APPLICATION IS FILED; PROPOSED METHOD OF DELIVERY, ROUTES TO BE COVERED ON A REGULAR BASIS WITH AN APPROXIMATE TIME SCHEDULE:

_____

_____

_____

DAYS OF THE WEEK AND THE HOURS OF THE DAY DURING WHICH THE LICENSED ACTIVITY WILL BE CONDUCTED:

_____

_____

FOR OFFICIAL USE OF EAST WINDSOR TOWNSHIP ONLY:

DATE APPLICATION FILED: _____

POLICE RECOMMENDATION:

DATE: _____ APPROVED: _____ DENIED: _____

CHIEF OF POLICE: _____

LICENSE NUMBER ISSUED: _____

FEES: $25.00 (1-YEAR) – FOR AN ITINERANT SALES PERSON ON FOOT
$50.00 (1-YEAR) – FOR AN ITINERANT SALES PERSON FROM A VEHICLE

TOTAL PAID: _____ DATE PAID: _____

CHECK #: _____ CASH #: _____

IF YES FOR QUESTIONS #1, #2 OR #3, ON THE OTHER SIDE WERE "YES", USE THIS SPACE TO PROVIDE THE FOLLOWING INFORMATION: DATE & PLACE OF EACH CONVICTION; NATURE OF OFFENSE; PUNISHMENT OR PENALTY IMPOSED.

East Windsor Township
Police Department
Solicitors Photo and
Fingerprint Application Form

Attach Photo Here

Driver: _____ **Owner:** _____ **New Application:** _____ **Renewal:** _____

License you are applying for: _____

Name of Company: _____

Stationary Vendor Location (if applicable): _____

Name (print): _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Telephone: _____

Social Security: _____ **Place of Birth:** _____ **Date of Birth:** _____

US Citizen: _____ **Height:** _____ **Weight:** _____ **Eyes:** _____

Hair: _____ **Marital Status:** _____ **Complexion:** _____

Build: _____ **Glasses:** _____ **Facial Hair:** _____

Read/Write: _____ **Race:** _____

Scars/Tattoos(describe):

_____

_____

_____

Three forms of identification are required:

1/ Driver's License (copy front and back): _____

2/ Social Security Card Attached: _____

There will be a minimum waiting period of 10 business days for processing, depending on the type of clearance required.

Have you been convicted of a crime or disorderly person's offense: _____

If yes, describe, listing date(s), place(s), and offense (s):

_____

_____

_____

List last two towns solicited (if applicable):

_____

Employer Name: _____

Employer Address: _____

City: _____ State: _____ Zip: _____

East Windsor Township Ordinance#6-3.8 provides that soliciting is permitted between the hours of 10:00am and 9:00pm. Violators of this ordinance are subject to arrest. The identification card issued by the Township must be worn in full view while soliciting. This card is the property of the Township and must be returned after solicitation period is completed, Failure to do so will prevent issuance of solicitation permit for company involved.

I hereby authorize the release of police records to the appropriate authorities. I understand that any false information or misrepresentation may be the cause of denial of this permit.

Signature: _____ Date: _____

East Windsor Township
Police Department
Solicitors Photo and
Fingerprint Application Form

Attach Photo Here

Driver: _____ **Owner:** _____ **New Application:** _____ **Renewal:** _____

License you are applying for: _____

Name of Company: _____

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US Citizen: _____ **Height:** _____ **Weight:** _____ **Eyes:** _____

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