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**WASHINGTON TOWNSHIP**

**PEDDLERS/SOLICITORS PERMIT APPLICATION**

**Incomplete applications will not be processed.**

**All checklist items must be submitted with application. 2x2 Photo must be submitted.**

**Please allow 8 weeks for processing.**

**Please refer to Ordinance 143-4 for more details.**

Please select one:

* **New Application.** If you have not applied for a Peddlers/Solicitors Permit in Washington Township attach completed NJ Universal Fingerprint Form and proof of fingerprinting, including date completed.
* **Renewal Application.** If you have applied and received a Peddlers/Solicitors Permit in Washington Township, attach receipt of background check submission on line.
* **Registration.** If you are not selling products/services but going door to door, you must register with Washington Township. An adult must register if those selling are under the age of 18.
* **Temporary Mobile Vendor**. If you are selling goods at a single site or special event. You may not sell on Municipal property unless approval is granted.

**Applicant Information. PLEASE PRINT** (information must match fingerprinting & background submission information)

Full Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SS# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Driver Lic. # & State \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City, State, Zip\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Birth Date (DD/MM/YY) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Age \_\_\_\_\_\_\_\_\_\_\_\_Birth Place (City/State)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Convictions for any offense? Y \_\_\_ N \_\_\_ If yes, please provide date, location, and nature of offense \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sex \_\_\_\_\_\_\_\_\_\_\_ Height \_\_\_\_\_\_\_\_\_\_\_\_ Weight \_\_\_\_\_\_\_\_\_ Hair Color \_\_\_\_\_\_\_\_\_\_\_\_\_ Eye Color \_\_\_\_\_\_\_\_

Scars/Markings \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Proof of Veteran Status attached.

*Any veteran or exempt fireman who holds a license issued pursuant to N.J.S.A. 45:24-9 and 45:24-10 shall be exempt from the licensing requirements but shall be required to file a registration form with the Township Clerk. Proof of Veteran status is required.*

If a vehicle is being used, provide the following:

Make \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Type \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Year \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

License \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Color \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list references, Name, Address, Phone (not related to you, who you have known for at least 3 years)

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***I certify that I have truthfully and completely furnished all required information. I understand that if any statement made is willfully false or incomplete, I may be subject to penalties as proved by law and have this application denied. I agree to be fingerprinted (for new applicants) or submit to a background check (for renewal applications) at my own additional cost. I also consent to the Township’s obtaining copies of my driving record, any criminal or disorderly person’s conviction offense record, ordinance violation records, law enforcement contact and investigative reports from the official public agency which maintains such records.***

***Applicant Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date \_\_\_\_\_\_\_\_\_\_\_***

**Business Information** (Who are you working for/selling for)

Name of business/organization you are soliciting for: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Nature of business and description of products/services to be sold: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

**Location.** Where in the Township will you be selling?

* Name of sales location or event \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* List Area(s) of the Township you will be covering \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*\*\*\*\*\*\*\* BELOW FOR TOWNSHIP USE ONLY \*\*\*\*\*\*\*\***

License Number Issued: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_License Issue Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Permit Start Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Permit End Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fees Collected:

* **Application Fee**: $25 \_\_\_\_\_ Cash/Check\_\_\_\_\_\_\_\_ Date Rec’d\_\_\_\_\_\_\_\_\_
* **Term of License**:
	+ DAY $5 \_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_ Cash/Check\_\_\_\_\_\_\_\_\_\_ Date Rec’d \_\_\_\_\_\_\_\_\_\_
	+ WEEK: $10 \_\_\_\_\_ Dates: \_\_\_\_\_\_\_\_\_\_\_ Cash/Check\_\_\_\_\_\_\_\_\_\_ Date Rec’d \_\_\_\_\_\_\_\_\_\_
	+ MONTH: $25 \_\_\_\_ Dates: \_\_\_\_\_\_\_\_\_\_\_ Cash/Check\_\_\_\_\_\_\_\_\_\_ Date Rec’d \_\_\_\_\_\_\_\_\_\_
	+ YEAR: $100 \_\_\_\_\_ Dates: \_\_\_\_\_\_\_\_\_\_\_ Cash/Check\_\_\_\_\_\_\_\_\_\_ Date Rec’d \_\_\_\_\_\_\_\_\_\_

Documentation received from Applicant and attached to application (select one):

* **New Registration.** Copy of NJ Universal Fingerprints Form with date receipt.
* **Renewal Application**. Copy of Online Criminal History Background check receipt.
* **Food Vendors**. Copy of WT Health Dept. license.
* **Copy of current Washington Township No Solicitation List provided to applicant**. Applicant MUST visit the Township website ([www.wtmorris.org](http://www.wtmorris.org)) the first week of each month to obtain updated list.
* **ID lanyard provided to applicant.** ID must be prominently displayed when soliciting. ID lanyard must be returned to the Clerk’s Office when permit expires.
* **Copy of Ordinance 143 provided to applicant.**

***Municipal Clerk Approval: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***Police Dept. Approval: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_***

Does your service include cooking or open flame? Y \_\_\_ N \_\_\_\_\_\_ if yes, attach a copy of signed Fire Permit

**Non Commercial Solicitation** – if you are not selling products/service, you must still register with the Township. Please list any/all persons who will be soliciting on behalf of your organization. Please print names of those **over** the age of 18:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Does your service include handling of food? Y \_\_ N \_\_\_\_\_ If yes, attach copy of WT Health Dept. License