



Vernon Township
 Township Clerk's Office
 21 Church Street
 Vernon, NJ 07462
 Tel: 973.764.4055, ext. 2234 • Fax: 973.764.6393
 www.vernontwp.com

Solicitor License Application

Date of application:		
Application type/fee:	<input type="checkbox"/> New \$20.00 + \$125.00	<input type="checkbox"/> Renewal \$25.00
	<input type="checkbox"/> Each Additional Vehicle \$50.00	

APPLICANT'S PERSONAL INFORMATION

Last Name		First Name		M.I.	Maiden Name (if female)	
Permanent Home Address					Permanent Tel. Number	
Local Address					Local Tel. Number	
Driver's License # and State			Social Security #		Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed	
Date of Birth	Place of Birth	Height	Weight	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Eye Color	Hair Color

Have you been convicted or pleaded guilty to any motor vehicle offenses in the last 10 years? YES NO

Have you been convicted of any crime, misdemeanor or violation of any municipal ordinance? YES NO

If yes, please indicate the nature of the offense and the punishment or penalty assessed:

You may attach a separate page to this application if you would like to make any statement with respect to any such conviction or guilty plea.

Provide the name, address and telephone number for three references from Sussex County residents, other than family members, who can attest to your good character and business responsibility.

Name	Address	Telephone
1.		
2.		
3.		

EMPLOYER INFORMATION

Name	
Address	Telephone

PREVIOUS SOLICITING ACTIVITY

In which New Jersey municipalities have you solicited goods or services in the immediately preceding two years?

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MERCHANDISE/SERVICES INFORMATION					
Provide a brief description of the goods to be sold, services to be performed or nature of any proposed canvassing:					
Where are these goods manufactured/prepared/produced?					
Where are these goods currently located?					
In the case of foodstuffs, please indicate the date a food handler's certificate was obtained:					
What is your proposed method of delivery? If a vehicle is to be used, please complete the next section.					
VEHICLE INFORMATION					
Year	Make	Model	Color	Size	License Plate #/State
Insurance Company			Insurance Policy #		

The following items must be included with this application:

1. Two photographs of the applicant, taken no more than sixty days prior to the date of application, at least two inches by three inches showing the head and shoulders of the applicant in a clear and distinguishing manner.
2. A photocopy of the applicant's valid driver's license.
3. A copy of the certificate of authority to collect sales tax issued by the state of New Jersey and sufficient proof to establish that said certificate of registration has been filed with the state of New Jersey, Director of Taxation.

I hereby certify that the information contained in this application is complete, accurate and truthful to the best of my knowledge and belief. I understand that if any statement made is willfully false or incomplete, I may be subject to penalties as provided by law and have this application denied.

I hereby acknowledge that the provisions of Chapter 428 of Vernon Township's code entitled "Peddling and Soliciting" are understood and that if I violate any of the provisions, I am subject to appropriate penalties and/or license revocation.

I consent to Vernon Township's obtaining copies of my driving record from the appropriate public agency and Criminal History Record Information from the New Jersey State Police, State Bureau of Identification.

Date

Signature

FOR OFFICIAL USE ONLY

FEE PAID	<input type="checkbox"/> YES <input type="checkbox"/> NO DATE:	DATE REC'D	<input type="checkbox"/> YES <input type="checkbox"/> NO R #:
CHIEF OF POLICE	<input type="checkbox"/> YES <input type="checkbox"/> NO DATE:	TOWNSHIP COUNCIL	<input type="checkbox"/> YES <input type="checkbox"/> NO R #:
LICENSE ISSUED	<input type="checkbox"/> YES <input type="checkbox"/> NO DATE:	LICENSE #	