



360 Elkwood Avenue
New Providence, NJ 07974
(908) 665-1400
www.newprov.org

CANVASSING PERMIT APPLICATION

(FOR NON-PROFIT OR CHARITABLE ORGANIZATIONS)

Applications will NOT be processed without proper documentation. Documents to be submitted with this application:

1. Photocopy of Applicant's current driver's license.
2. *Notarized* letter from organization with proper signature(s), authorizing you to act as representative. If you are the company owner, a *notarized* letter stating this information.

**FAILURE TO SUBMIT THESE DOCUMENTS MAY RESULT IN
DENIAL OF CANVASSING PERMIT.**

**PLEASE NOTE ALL CAVASSING PERMITS EXPIRE
DECEMBER 31st OF THE LICENSING YEAR.**

Date

Please type or print *clearly and complete all sections*

CONTACT INFORMATION

NAME	_____
HOME ADDRESS:	_____
HOME PHONE NO.	() _____
BUSINESS PHONE NO.	() _____
CELL PHONE NO.	() _____

PERSONAL INFORMATION

DATE OF BIRTH: _____

SOCIAL SECURITY NO. _____

PLACE OF BIRTH: _____

PHYSICAL
CHARACTERISTICS: HEIGHT _____ WEIGHT _____ SEX _____

HAIR COLOR _____ EYE COLOR _____

DRIVER'S LICENSE NO.: _____

STATE LICENSE
IS ISSUED: _____

BACKGROUND INFORMATION

HAVE YOU EVER BEEN CONVICTED OF A CRIME: YES _____ NO _____

IF YES, PLEASE REPORT DATE(S), LOCATION(S) OF THE OFFENSE(S) AND DETAILED NATURE OF
THE OFFENSE(S):

HAVE YOU EVER BEEN CONVICTED OF VIOLATING A MUNICIPAL ORDINANCE
IN ANY TOWN: YES _____ NO _____

IF YES, PLEASE REPORT DATE(S), LOCATION(S) OF THE OFFENSE(S) AND DETAILED NATURE OF
THE OFFENSE(S):

HAVE YOU EVER BEEN REFUSED A
CANVASSING PERMIT IN ANY TOWN: YES _____ NO _____

IF YES, PLEASE REPORT DATE(S), LOCATION(S) OF THE OFFENSE(S) AND DETAILED NATURE OF
THE OFFENSE(S):

ORGANIZATION INFORMATION

NAME OF ORGANIZATION _____

ORGANIZATION ADDRESS _____

ORGANIZATION PHONE NO.: () _____

IS THE ORGANIZATION
REGISTERED IN NEW JERSEY YES _____ NO _____

IS THE ORGANIZATION
TAX EXEMPT YES _____ NO _____

if yes, please give tax exempt # _____

SUPERVISOR'S NAME _____

MAKE OF
VEHICLE: _____

MODEL & YEAR OF
VEHICLE: MODEL _____ YEAR _____

LICENSE PLATE NO.
OF VEHICLE BEING
DRIVEN: _____

STATE LICENSE
PLATE ISSUED: _____

PROPOSED STARTING DATE _____

PROPOSED ENDING DATE _____

OUTLINE THE PROPOSED METHOD TO CANVASS IN THIS MUNICIPALITY:

OUTLINE THE PROPOSED DISBURSEMENT OF ANY FUNDS TO BE COLLECTED, IF APPLICABLE.
INCLUDE OVERHEAD, ADMINISTRATION, PUBLICITY, ADVERTISING AND ALLOCATION OF FUNDS
TO THE CAUSE FOR WHICH THE CANVASSING IS BEING MADE:

APPLICANT'S CERTIFICATION

I DO SOLEMNLY DECLARE AND CERTIFY, UNDER THE PENALTIES OF THE LAW, THAT THE FOREGOING INFORMATION IS TRUE AND CORRECT, AND THAT THE BUSINESS CONDUCTED WILL BE IN ACCORDANCE WITH THE ORDINANCES OF THE BOROUGH OF NEW PROVIDENCE.

I UNDERSTAND THAT, IF THE BOROUGH OF NEW PROVIDENCE ISSUES A CANVASSING PERMIT TO ME, THAT THIS PERMIT IS **NOT TRANSFERABLE TO ANY OTHER PERSON.**

Printed Name

Signature

Applicant's Signature Must Be Notarized

STATE OF _____
COUNTY OF _____

Sworn and subscribed to me this _____ day of _____, 20____.

Printed Name of Notary Public

Signature of Notary Public

Notary Public Seal

OFFICE USE ONLY

The foregoing application is: Approved_____ Denied_____

Reason For
Denial: _____

Signature of Police Chief

Date

Permit #_____
Dated Issued: _____

Expiration Date:_____

Signature of Borough Clerk