



360 Elkwood Avenue  
New Providence, NJ 07974  
(908) 665-1400  
[www.newprov.org](http://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 31<sup>st</sup> 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:

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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:

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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