



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

## **SOLICITOR/CANVASSER PERMIT APPLICATION**

FOR USE BY FOR-PROFIT AND NON-CHARITABLE ORGANIZATIONS OR BUSINESSES

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

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

Fee Payable When Application Is Submitted  
(Cash or Check payable to "Borough Of New Providence")

Solicitor Permit Fee: \$515.00/year \_\_\_\_\_ date paid  
\$105.00/month \_\_\_\_\_ date paid

**PLEASE NOTE ALL SOLICITOR PERMITS EXPIRE DECEMBER 31<sup>st</sup> OF THE LICENSING YEAR, AND FEES ARE NOT PRO-RATED BASED ON DATE OF APPLICATION.**

\_\_\_\_\_ 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  
SOLICITOR'S 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):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## COMPANY INFORMATION

**NAME OF COMPANY** \_\_\_\_\_

**COMPANY ADDRESS** \_\_\_\_\_

COMPANY PHONE NO.: ( ) \_\_\_\_\_

OWNER'S NAME \_\_\_\_\_

**SUPERVISOR'S NAME** \_\_\_\_\_

MAKE OF COMPANY  
VEHICLE: \_\_\_\_\_

MODEL & YEAR OF  
COMPANY VEHICLE: MODEL \_\_\_\_\_ YEAR \_\_\_\_\_

LICENSE PLATE NO.  
OF VEHICLE BEING  
DRIVEN:

STATE LICENSE  
PLATE ISSUED: \_\_\_\_\_

## PRODUCT INFORMATION

**COMPLETE DESCRIPTION OF PRODUCTS/INFORMATION TO BE SOLICITED:**

## **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 SOLICITOR'S PERMIT TO ME, THAT THIS PERMIT IS **NOT TRANSFERABLE TO ANY OTHER PERSON** AND THE FEE PAID IS **NON-REFUNDABLE**.

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Printed Name

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Signature

***Applicant's Signature Must Be Notarized***

STATE OF \_\_\_\_\_  
COUNTY OF \_\_\_\_\_

Sworn and subscribed to me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

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Printed Name of Notary Public

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Signature of Notary Public

Notary Public Seal

### **OFFICE USE ONLY**

The foregoing application is: Approved\_\_\_\_\_ Denied\_\_\_\_\_

Reason For  
Denial: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Signature of Police Chief

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Date

Permit #\_\_\_\_\_  
Dated Issued: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

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Signature of Borough Clerk



# Police Department

## New Providence, New Jersey



Anthony D. Buccelli, Jr.  
*Chief of Police*  
*FBI NA Session 194*

Justine Kennedy  
*Patrol Lieutenant*

Theresa Gazaway  
*Administrative Lieutenant*

### RELEASE AUTHORIZATION

To whom it may concern:

I, \_\_\_\_\_, have made application for a permit to solicit/canvass with the Borough of New Providence. As part of this process and prior to approving my application, the New Providence Police Department needs to thoroughly investigate my employment, background, and personal history to evaluate my qualifications for the permit I have applied for.

I therefore, authorize you to release any and all information relating to my employment or otherwise pertaining to me to the New Providence Police Department, or its representative, regardless of any agreement I may have made with you previously to the contrary.

I hereby release you, your organization, and all others from liability or damages that may result from furnishing this information requested, including liability or damage pursuant to any state or federal laws.

I hereby release, discharge and/or exonerate the New Providence Police Department, its agents and representatives, and any person so furnishing the information requested from any liability of any nature and kind, arising out of the furnishing, inspection or collection of such documents, records and other information or the investigation conducted by the New Providence Police Department.

A photocopy of this document will be considered as effective and valid as the original.

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Apartment: \_\_\_\_\_

Town, State, Zip Code: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### To be completed by a Notary Public:

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

Notary Stamp

Signature of Notary Public: