



360 Elkwood Avenue
New Providence, NJ 07974
(908) 665-1400
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 31st 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.

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	



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:
