APPLICATION TO SOLICIT/CANVASS IN THE TOWNSHIP OF LITTLE FALLS

IF A NON-PROFIT ORGANIZATION, PLEASE ATTACH COPY OF YOUR STATE LICENSE THAT SHOWS YOU ARE A NON-PROFT ORGANIZATION.

LICENSE NO. _____

LICENSEE INFORMATION

NAME:_____ SOC. SEC #_____

PERMANENT ADDRESS:_____

_____

TEMPORARY ADDRESS:_____

_____

DRIVERS LICENSE #:_____ DL STATE:_____

DOB:_____ AGE:_____ GENDER:_____

RACE:_____ HEIGHT: _____ WEIGHT:_____

EYE COLOR:_____ HAIR:_____ OCCUPATION:_____

EMAIL:_____ TELEPHONE:_____

LIST ANY ARRESTS OR CITATIONS FOR DISORDERLY CONDUCT, VIOLATION OF LOCAL ORDINANCES, MISDEMEANORS OR CRIMES BOTH WITHIN AND OUTSIDE THE STATE OF NEW JERSEY. INCLUDE THE NATURE, HISTORY, AND FINAL DISPOSITION OF EACH INCIDENT. IF NONE, INDICATE THIS IN THE SPACE BELOW.

_____

_____

_____

_____

_____

_____

COMPANY INFORMATION

COMPANY NAME:_____

SUPERVISOR'S NAME:_____ PHONE #:_____

COMPANY ADDRESS:_____

_____

DESCRIBE GOODS OR SERVICES BEING OFFERED:

_____

_____

_____

_____

PLEASE LIST OTHER SOLICITOR/CANVASSING PERMITS ISSUED BY OTHER TOWNS:

_____

_____

_____

_____

OTHER REQUIREMENTS:

-ALL APPLICANTS WILL NEED TO BE FINGERPRINTED, PLEASE FOLLOW THE INSTRUCTIONS BELOW:

GO TO THE FOLLOWING WEBSITE: http://uenroll.identogo.com/

ENTER SERVICE CODE: **2F1TZY** (LOCAL ORDINANCE, 13:59-1)

ENTER THE TOWNSHIP'S ORI NUMBER: **NJ0160500**

-A COPY OF THE APPLICANT'S DRIVER'S LICENSE

-TWO RECENT PHOTOGRAPHS (1 ½ " X 1 ½ ") *PASSPORT STYLE*

-A LETTER FROM THE PERSON OR COMPANY AUTHORIZING THE APPLICANT TO BE THEIR REPRESENTATIVE

-CHECK OR MONEY ORDER (made out to: The Township of Little Falls) FOR APPLICATION FEE.

***CONTACT THE POLICE DEPARTMENT WITH ANY QUESTIONS ABOUT THE ABOVE REQUESTS.**

FOR LICENSEE:

I HEREBY CERTIFY THE INFORMATION ON THIS APPLICATION IS TRUE AND CORRECT; I UNDERSTAND THAT UNTRUE, INCORRECT, OR INCOMPLETE INFORMATION MAY BE REASON FOR REJECTION OF THIS APPLICATION

SIGNATURE:_____ DATE:_____

FINGERPRINT DATE:_____

DO NOT WRITE BELOW THIS LINE

POLICE DEPARTMENT

I hereby (recommend) (reject) this application for the issuance of a solicitor's license

SIGNATURE:_____ DATE:_____

CHIEF OF POLICE

OFFICE OF THE TOWNSHIP CLERK

LICENSE #:_____ FEE:_____

DATE ISSUED:_____ EXPIRATION DATE:_____

SIGNATURE:_____ DATE:_____

TOWNSHIP CLERK