

HAINESPORT TOWNSHIP ONE HAINESPORT CENTRE PO BOX 477 HAINESPORT, NJ 08036



SOLICITATION REGISTRATION FORM Fee - \$50 All licenses expire December 31

	Date of Application	on
Applicant's Name		SS#
Home Address	City	
Local Address	City	State ZIP
Telephone	DOB	Age
Company ID	Driver's License #	
Name of Company		
	City	
Telephone:	Name of Supervisor	
Route you Plan to Take		
Duration of License	Approximate Hours From	am/pm Toam/pi
SOLICITATION PERMITT	ED BETWEEN 10 AM AND 8:30	PM PER TWP. CODE CH. 127
Vehicle Make/Model/Year/Color		
State of Registration	Tag #	
Name of Other Individual (no mo	re than one)	
Address	City	State ZIP
	(For Office Use Only)	
Date Received:	Cash Check #	Receipt #

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§ 127-4. Application for license.

Every applicant for a license under this chapter shall file with the Township Clerk a sworn written application on a form to be furnished by the Township of Hainesport which shall give or be accompanied by the following information:

- A. Name, permanent home address, date of birth and social security number of the applicant.
- B. Local address of the applicant if different from home address.
- C. A statement of the nature of the business and a description of the merchandise or service to be sold or of the type of solicitation to be done.
- D. If employed, the name and address of the employer, together with credentials establishing the exact relationship.
- E. The length of time for which the license is desired.

Solicitor's Permit

Please fill out all information on the application. Submit along with a check in the amount of \$50 made payable to Hainesport Township.

Also, please provide the following information along with the application and fee.

- Copy of driver's license
- Picture ID
- Automobile Registration, Insurance
- Company ID
- Copy of Certificate of Authority
- Health Department Certificate

Also attach two photographs taken within the last 60 days (head & shoulders passport pictures) for identification purposes.