



Westampton Township Solicitor's Permit Application

Date of Application_____

Instructions and Requirements:

1. All spaces **must** be completed – type or print all answers
2. Two photos are required upon issuance of permit, **if approved**. Photos are to be 2 inches in size and taken within the last 30 days.
3. A fee of \$50.00 will be required upon issuance of **approved** permit. Make Check or

Money Order payable to: Westampton Township

PART 1- Solicitor's Information (Applicant)

Last Name:_____First Name:_____Middle:_____

Maiden:_____Sex: _____Social Security #:_____

Street Address:_____

City:_____State:_____Zip:_____County:_____

Date of Birth:___/___/___Age:_____Telephone ()_____

Driver's License #:_____State:_____Citizen: Y / N

Description of Vehicle, if used (Make and Model)_____Year:_____

Color of Vehicle:_____Registration #:_____State:_____

Name of Registered Owner:_____

Place of Birth (City, State and County):_____

Weight:_____Hight:_____Hair Color:_____Eye Color:_____

Race:_____Distinguishing Characteristics:_____

Name of Nearest Relative:_____Relation:_____

Address: _____ Telephone: () _____

Does applicant have solicitation permits in any other township? _____ If yes, please list where: _____

Has applicant ever been convicted of any crimes? _____ If yes, list date(s), place(s) and offense(s). _____

Name, Address and Phone Number of 3 Character References – **not** related to you:

PART 2 – Company Information – *credentials must be produced*

Name: _____

Address: _____

Telephone: () _____ Contact Person: _____

Type of Company: Nonprofit: _____ Veteran: _____ Other: _____

If Nonprofit or Veteran, list state license number: _____

Is Application Exempt from License Fee? Yes: _____ No: _____

Date(s) during solicitation is to be performed: _____

Brief description of the nature of the business and the goods/products to be sold.

PART 3

1. A photo copy of NJ Sales Tax Certificate, County Sanitary Report, Insurance Policy, Driver's License and/or Photo ID, Vehicle Registration and Nonprofit Form if applicable, **MUST** accompany this application form.
2. I, _____, do hereby certify that the answers to the answers to the questions stated on this application are true and accurate in every particular, to the best of my knowledge.

Date: _____

Signature of Applicant: _____

PART 4 – TO BE COMPLETED BY ISSUING AUTHORITY

APPROVED: _____

NOT APPROVED: _____

SIGNATURE: _____ DATE: _____

ATTACH PHOTO HERE: