



**Application MUST be COMPLETE when submitted.**

<b>Township of Mahwah - Contributor Case # _____ (Mahwah Police provided)</b>					
(5)		<b>APPLICATION FOR SOLICITING &amp; PEDDLING PERMIT TOWNSHIP ORDINANCE 4-3</b>		(5)	
 					
(1) Name of Solicitor		(1a) Date of Birth / Age		(1b) Social Security Number or Federal ID	
(1c) Sex	(1d) Height	(1e) Weight	(1f) Hair Color/ Length	(1g) Eye Color	(1h) Complexion
(2) Permanent Home		(2a) Local Address		(2b) Home Phone Number	
				(2c) Cell Phone Number	
(3) Firm / Organization Name		(3a) Firm / Organization Address		(3b) Firm / Organization Telephone Number(s)	
(4) Description of the nature of business or activity and goods, services or wares to be sold					
(6) Date Solicitation will commence?			(6a) Date Solicitation will end?		
(7) Has the Solicitor been Convicted of a Crime of the fourth degree or higher?		Yes or No	If yes, list offense, town, date and disposition		
(7a) Has the Solicitor been convicted of a Disorderly Persons Offense?		Yes or No	If yes, list offense, town, date and disposition		
(7b) Has the Solicitor been Convicted of a Petty Disorderly Offense?		Yes or No	If yes, list offense, town, date and disposition		
(7c) Moving motor vehicle offense?		Yes or No	If yes, list offense, town, date and disposition		
(8) Make	(8a) Model	(8b) Year	(8c) Color	(8d) License Plate	
(8e) Drivers Name	(8f) Driver's License Number	(8g) Issuing State			

**Application MUST be COMPLETE when submitted.**

(8h) Make	(8i) Model	(8j) Year	(8k) Color	(8l) License Plate
If more than two vehicles are used, attach information on separate sheet Including drivers information on right		(8m) Drivers Name	(8n) Driver's License Number	(8o) Issuing State
(9) Insurance Carrier Name	(9a) Insurance Carrier Address	(9b) Insurance Policy Number	(9c) If more than one insurance carrier check here <input type="checkbox"/> . List additional insurance carriers and policies on separate sheet.	
(10) List of Municipalities where the applicant has ever engaged in activities of canvassing, peddling or soliciting				
Municipality Name		Permit Applied for	Permit received, If no explain in Box 11	
(11) If permit has been denied or revoked at any time complete this section				
(12) If the applicant is not an individual, list the state in which the entity is registered or incorporated, and the name and address of the registered agent				
(12a) Name of Registered Agent		(12b) Address of Registered Agent		
(13) If the person applying is unable to provide any of the foregoing information, an explanation shall be provided of the reasons why such information is unavailable. Attach additional documentation or explanation				
(14) Applications of corporations, partnerships or other entities shall have attached to their applications individual statements containing all of the information required by this subsection as to each employee or agent who shall engage in the licensed activity; said statements shall be signed and sworn to by each employee or agent and shall be treated, for investigation purposes, as separate applications to engage in a licensed activity. Applications by partnerships, corporations or other entities shall be signed by an authorized representative of the corporation, partnership or entity.				
(15) All applicants shall submit the original or a certified copy of a valid Certificate of Authority issued by the Director of the New Jersey Division of Taxation, pursuant to N.J.S.A. 54:328-15, empowering the vendor to collect sales tax. Certificates shall not be required for the sale of property exempted from sales and use taxation pursuant to N.J.S.A.54:328-8.2. All vendors shall attach the original Certificate to their cart, stand, truck or other merchandising device, as required by N.J.S.A. 54:328-15.				
(16) All applicants selling food items shall submit a copy of the Board of Health License.				
<b>DO NOT WRITE BELOW THIS LINE</b>				
APPROVED <input type="checkbox"/>	PERMIT NUMBER	DISAPPROVED <input type="checkbox"/>	REASON FOR DISAPPROVAL	

**Application MUST be COMPLETE when submitted.**

Month	Day	Year	A. Criminal Record <input type="checkbox"/>
Issuing Authority:			B. Falsification of Application <input type="checkbox"/>
Signature:			C. Insufficient Information <input type="checkbox"/>
Title:			D. Other <input type="checkbox"/>

Mahwah Police Department – 221 Franklin Turnpike, Mahwah, New Jersey 07430 -201.529.1000 Ext. 237

ALL LICENSES EXPIRE ON DECEMBER 31<sup>ST</sup> IN THE YEAR THEY WERE ISSUED