

# Solicitor's Permit Application



BE AT THE CENTER OF IT ALL  
 2298 Route 33, Robbinsville, NJ 08691  
 (609) 259-3600 ext. 1108

**Instructions:**

1. File 2 copies of this form in the Municipal Clerk's Office
2. Submit 2 recent photos taken within last 3 mos. approximately 2-1/2" x 2-1/2"
3. Submit application fee of \$100.00
4. Please attach a copy of your Driver's license to the application
5. You must contact the Robbinsville Township Detective Bureau at 609-259-3900 for instructions on getting fingerprinted for this permit. There is an additional fee to the State Police for fingerprinting.

Applications are forwarded to the police department for investigation and approval and may take 6-8 weeks to process.

Name of Organization		Tax ID #		
Name of Person in Charge of Organization/Solicitation:		Business Phone:		
Business Address		City	State	Zip
Applicant Name (First, Middle, Last)		Home Phone:		
Home Address		City	State	Zip
Social Security No.	Date of Birth	Sex	Height	Hair/Eye Color
Driver's License No.				
Dates and Hours solicitation will be conducted				
Places where solicitation will take place within the Township				

Have you ever been convicted of a crime, misdemeanor, or violation of any Municipal Ordinance? If yes, state date and place of each conviction; nature of the offense; punishment or penalty imposed):

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List of other locations where solicitation was conducted within the past 6 months

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What types of goods or merchandise will you be soliciting? (Food, Art, Chairs, Flyers for Restaurant, Etc.)

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If goods being sold are manufactured or produced, where are products located?

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What advertising will be done in conjunction with solicitation activities? (i.e. handbills, circulars, flyers, newspaper ads. Please provide a copy of advertisement with application if available).

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Applicant certifies that all statements made on this form are true and correct to the best of his/her knowledge. Applicant further certifies that he/she has not been the defendant or subject of any action successfully prosecuted by any agency of any government in New Jersey.

Date: \_\_\_\_\_ Signed: \_\_\_\_\_

**FOR OFFICIAL USE OF ROBBINSVILLE TOWNSHIP:**

Police Recommendations: Date: \_\_\_\_\_ Approved: \_\_\_\_\_ Denied: \_\_\_\_\_

Reason for Denial: \_\_\_\_\_ Signature Police Chief : \_\_\_\_\_

Municipal Clerk's Approval \_\_\_\_\_ Permit # \_\_\_\_\_ Issue Date \_\_\_\_\_