Office of the Clerk
Princeton Municipal Building
400 Witherspoon Street
Princeton, NJ 08540
609-924-5704
www.princetonnj.gov

APPLICATION FOR SOLICITING AND PEDDLING

(Type or print with ink only)

*Name Of Applicant*_____

*Nature Of Business*_____

*Product To Be Sold*_____

*Length Of Time License To Be Issued For (Dates)*_____

*Permanent Address*_____

_____

*Telephone Number*_____

*Date of Birth*_____ *Age*_____ *Sex*_____

*Height*_____ *Weight*_____ *Color: Eyes*_____ *Hair*_____

*Driver's License Number*_____ *State Issued*_____

*Social Security Number*_____

*Are you a United States Citizen (If No, Please Explain)*_____

_____

*Vehicle Used: Make*_____ *Model*_____ *Year*_____

*Color*_____ *License Plate #*_____ *State Issued*_____

*Insurance Carrier*_____

*Address*_____

_____

If Not Self-employed, List Corporation, Company, Firm, Partnership Or Employer

*Name*_____

*Address*_____

*Telephone Number*_____

*List Municipalities In Which Applicant Has Ever Engaged In Said Activities And Indicate Whether A Permit Was Applied For, Received, Denied Or Revoked*_____

_____

*Has Applicant Been Convicted Of Any Crime, Misdemeanor, Disorderly Persons Offense, Or Traffic Offense? If Yes, Attach Details*_____

Two (2) Photos (2 1/2 x 2 1/2) Of Applicant Taken Within Sixty (60) Days Prior To Application, Must Be Attached to Application.

The facts set forth in this application are true and complete. I understand that false statements on this application shall be considered sufficient cause for denial, suspension, or revocation of my license. I also understand that if any of the statements made are false, I may be subject to criminal prosecution under the laws of the State of New Jersey.

I hereby agree to abide by and accept all the terms, conditions, limitations and restrictions contained in the Princeton Ordinances.

*Signature Of Applicant*_____ *Date*_____

*Sworn Before Me On*_____ *Notary*_____

*Municipal Fee Paid*_____ *Date*_____

DO NOT WRITE BELOW THIS LINE - OFFICE USE ONLY

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CHIEF OF POLICE:
The Above Named Person and Firm Have Been Investigated For Character And Business Responsibility.

*The Application Is Approved*_____

The Application Is Disapproved Because _____

_____

*Chief of Police*_____ *Date*_____

This permit expires December 31, of the calendar year in which it was issued.

PRINCETON POLICE DEPARTMENT
1 VALLEY ROAD
PRINCETON, NEW JERSEY

REQUESTED PERSONAL INFORMATION FOR PRINCETON SOLICITOR BACKGROUND

NAME: _____
(Last, (and Maiden if applicable) First, Middle)

PRESENT HOME ADDRESS: _____
(No. Street, City, State & Zip)

HOME PH#: _____ CELL PH#: _____

DATE OF BIRTH: _____ SOCIAL SECURITY# _____
(Month, Day, Year)

DRIVER'S LICENSE NUMBER: _____ STATE: _____

SOLICITOR LICENSE BACKGROUND INVESTIGATION
AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____, A SOLICITOR APPLICANT IN THE TOWN OF PRINCETON, ALLOW THE PRINCETON POLICE DEPARTMENT TO INVESTIGATE MY PERSONAL BACKGROUND AND AUTHORIZE/DIRECT THE RELEASE OF ANY INFORMATION OR RECORDS IN YOUR FILES THAT PERTAIN TO ME, WHETHER SAID INFORMATION OR RECORDS ARE PUBLIC, PRIVATE, OR CONFIDENTIAL IN NATURE AND I HEREBY DIRECT YOU TO RELEASE SUCH INFORMATION. IT IS MY SPECIFIC INTENT TO PROVIDE ACCESS TO PERSONNEL INFORMATION, HOWEVER PERSONAL OR CONFIDENTIAL IT MAY APPEAR TO BE. I HEREBY RELEASE YOU, THE AGENCY, AND OR EMPLOYEES OF YOUR ORGANIZATION (IF APPLICABLE) HARMLESS FROM ANY AND ALL CLAIMS AND LIABILITY ASSOCIATED WITH THE RELEASE OF INFORMATION. I UNDERSTAND MY RIGHTS UNDER TITLE 5, UNITED STATES CODE, SECTION 552A, THE PRIVACY ACT OF 1974, WITH REGARD TO ACCESS AND TO DISCLOSURE OF RECORDS, AND I WAIVE THOSE RIGHTS WITH THE UNDERSTANDING THAT INFORMATION FURNISHED WILL BE USED BY THE PRINCETON POLICE DEPARTMENT DURING THE COURSE OF THEIR BACKGROUND INVESTIGATION. NOTE: A PHOTO-COPY OF THIS SHALL BE CONSIDERED AS EFFECTIVE AND VALID AS THE ORIGINAL.

DATE OF APPLICATION: _____ _____
(Signature)

For Princeton Police Department Use Below:

State of NJ-Online CHRI Request: _____ (Clear) _____ (Record, explained in attached Memorandum)

State of _____ MVC Driver's License Check: _____ (In Good Standing) _____ (Suspended/Expired)

NJ ATS/ACS/Promis Gavel Check: _____ (Record No/Yes) Local PD Check for Current Residence: _____ (Record No/Yes)

NJ DVCR Check: _____ (Record No/Yes) NCIC: _____ (Record No/Yes) NJ Juvenile FACTS Check: _____ (Record No/Yes)

NJ Department of Consumer Affairs/Central NJ BBB Check: _____ (Complaint Record No/Yes)

_____ County Division of Consumer Affairs: _____ (Complaint Record No/Yes)

Confirmation of Valid Registration/Insurance of Vehicle to be used during Solicitation Purposes: _____ (Yes, No, or N/A)

Photo-Copy of Valid Driver's License or MVC Printout: _____ (Yes, No or N/A) State: _____ PPD Case #: _____

Reason for Denial of Solicitor's License: _____ (No) _____ (Yes, explained in attached Memorandum)

Detective Completing Background: _____ Date Completed: _____