



Township of Princeton

400 Witherspoon Street

Princeton, NJ 08540

Office of the Township Clerk, Linda S. McDermott, RMC, CMC

Telephone: (609) 924-5704

Fax: (609) 688-2031

APPLICATION FOR CANVASSING, 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 Township Ordinances.

Signature Of Applicant _____ *Date* _____

Sworn Before Me On _____ *Notary* _____

Princeton Township Fee Paid _____ *Date* _____

NJ State Bureau of Identification Form Attached and Fee Paid _____ *Date* _____

DO NOT WRITE BELOW THIS LINE - OFFICE USE ONLY

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.