

**IF NON-PROFIT ORGANIZATION, PLEASE ATTACH COPY OF YOUR STATE
LICENSE THAT SHOWS YOU ARE A NON-PROFIT ORGANIZATION**

**TOWNSHIP OF CEDAR GROVE
ESSEX COUNTY NEW JERSEY**

CANVASSING APPLICATION

LICENSE NO. _____

NAME: _____ SOC. SEC. NO. _____

PERMANENT ADDRESS: _____

TEMPORARY ADDRESS: _____

DRIVERS LICENSE NO.: _____ TELEPHONE NO.: _____

AGE _____ DOB _____ PLACE OF BIRTH _____ CITIZEN _____

SEX _____ RACE _____ HEIGHT _____ WEIGHT _____ EYE COLOR _____ HAIR _____

OCCUPATION _____

RESIDENCE FOR PRIOR THREE YEARS _____

**LIST ANY ARRESTS FOR DISORDERLY CONDUCT, VIOLATION OF ORDINANCE,
MISDEMEANORS OR CRIMES. INCLUDE THE NATURE, HISTORY AND FINAL DISPOSITION OF
EACH. IF NONE, INDICATE THIS IN WRITING IN THE SPACE BELOW**

LIST THREE REFERENCES:

NAME

ADDRESS

TELEPHONE NO.

COMPANY NAME _____ SUPERVISOR'S NAME _____

ADDRESS _____ PHONE NO. _____

DESCRIBE GOODS OR SERVICES OFFERED _____

OTHER CANVASSING LICENSES

YEAR

TOWN

LICENSE NO.

VETERANS LICENSE NO. _____

I HEREBY CERTIFY THE INFORMATION ON THIS APPLICATION IS TRUE AND CORRECT; I UNDERSTAND THAT UNTRUE, INCORRECT OR INCOMPLETE INFORMATION MAY BE REASON FOR REJECTION OF THIS APPLICATION

DATE _____ SIGNATURE _____

NOTICE: Two recent photographs (1½” x 1½”) and a LETTER from the person or company authorizing applicant to be his representative must be submitted with this application

DO NOT WRITE BELOW THIS LINE

POLICE DEPARTMENT

I hereby (recommend) (reject) this application for the issuance of a solicitor’s license

DATE _____ SIGNATURE _____
Chief of Police

OFFICE OF THE TOWNSHIP CLERK

LICENSE NO. _____ DATE ISSUED _____ EXPIRATION DATE _____

FEE _____ SIGNATURE _____
Township Clerk

FEE SCHEDULE

\$50.00 NON-REFUNDABLE PER APPLICANT