

# TOWNSHIP OF LITTLE FALLS

## APPLICATION FOR SOLICITOR'S PERMIT (Canvasser or Solicitor)

SOLICITOR NO. \_\_\_\_\_ APPLICATION FEE \$10 \_\_\_\_\_  
RENEWAL FEE \$5. \_\_\_\_\_

DATE(s) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Revised 9/1/14

*THIS APPLICATION CONSISTS OF THREE (3) PAGES WHICH MUST BE FULLY COMPLETED.*  
SECTION I: LITTLE FALLS SOLICITOR LICENSE INFORMATION - TO BE COMPLETED BY LICENSEE

1. Employer's Federal Tax Identification Number: \_\_\_\_\_

2. License Name: \_\_\_\_\_

3. License Address \_\_\_\_\_ (Street)

(City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip Code) \_\_\_\_\_

4. Contact Name: \_\_\_\_\_ 5. Contact Phone # \_\_\_\_\_

6. Contact E-Mail Address: \_\_\_\_\_

7. Type(s) of Compensation Received by Applicant: (Check all that apply)

Salary \_\_\_\_\_

Commission \_\_\_\_\_

Bonus \_\_\_\_\_

Expenses \_\_\_\_\_

Percentage \_\_\_\_\_

No Compensation \_\_\_\_\_

8. Date Employment will Commence: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

SECTION II: APPLICANT INFORMATION - TO BE COMPLETED BY APPLICANT

9. Solicitor Name: (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_

10. Home Address: \_\_\_\_\_

(City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip Code) \_\_\_\_\_

11. Mailing Address: (If Different) (Number/PO Box) \_\_\_\_\_

(Street) \_\_\_\_\_

(City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip Code) \_\_\_\_\_

12. E-Mail Address \_\_\_\_\_

13. Home Telephone Number \_\_\_\_\_

14. Cellular Telephone Number \_\_\_\_\_

15. Date of Birth: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

16. Social Security No: \_\_\_\_\_

17. Driver's License No.: (State) \_\_\_\_\_ (Number) \_\_\_\_\_

18. Height \_\_\_\_\_ 19. Weight \_\_\_\_\_ 20. Hair Color \_\_\_\_\_ 21. Eye Color \_\_\_\_\_

22. Have you been previously employed by the licensee as a Solicitor? Yes \_\_\_\_\_ No \_\_\_\_\_. (If Yes provide the following information)

Dates Employed: FROM \_\_\_\_\_ TO \_\_\_\_\_

B. What Locations: \_\_\_\_\_

23. Do you currently hold any official position related to law enforcement in the State of New Jersey? Yes ( ) No ( )

If yes: Jurisdiction \_\_\_\_\_

Title \_\_\_\_\_

24. Have you ever been denied a Solicitor's Permit? Yes ( ) No ( )

If yes, on what date and for what municipality?

Municipality \_\_\_\_\_ Date \_\_\_\_\_

25. Are you being investigated or have you ever been convicted of a violation of any law or regulation, etc., concerning the manufacture, sale, possession, distribution or transportation of Illegal dangerous substances? Yes ( ) No ( )

26. Are you being investigated or have you ever been convicted of any criminal matter of any type whatsoever? **Yes** \_\_\_\_\_ **No** \_\_\_\_\_

If yes: Nature of Offense Penalty (or status of investigation)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of Conviction \_\_\_\_\_

Jurisdiction: Federal \_\_\_\_\_ State \_\_\_\_\_ County \_\_\_\_\_ Municipal \_\_\_\_\_

Identify Jurisdiction: \_\_\_\_\_

Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**BY SIGNING THIS APPLICATION YOU ARE STATING THAT ALL RESPONSES ARE TRUE AND ACCURATE AND YOU AGREE THAT THE APPLICANT WILL:**

Follow the directions for criminal background checks found on the New Jersey State Police's web site [www.njsp.org](http://www.njsp.org). The applicant would file a FORM-C and attach the results of the background check to their completed application.

**NOTE:  
FOR MULTIPLE SOLICITORS- COPY AND ATTACH ADDITIONAL SHEETS- ONE FOR EACH SOLICITOR  
PROVIDE 2 PASSPORT PHOTOS OF EACH APPLICANT WHO WILL BE SOLICITING IN THE TOWNSHIP**