



APPLICATION TO SOLICIT/CANVASS IN THE TOWNSHIP OF LITTLE FALLS



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

LICENSE NO. \_\_\_\_\_

NAME: \_\_\_\_\_ SOC. SEC # \_\_\_\_\_

PERMANENT ADDRESS: \_\_\_\_\_

TEMPORARY ADDRESS: \_\_\_\_\_

DRIVERS LICENSE STATE/#: \_\_\_\_\_ TELEPHONE #: \_\_\_\_\_

DOB \_\_\_\_\_ AGE \_\_\_\_\_ GENDER \_\_\_\_\_

RACE \_\_\_\_\_ HEIGHT \_\_\_\_\_ WEIGHT \_\_\_\_\_

EYE COLOR \_\_\_\_\_ HAIR \_\_\_\_\_ OCCUPATION \_\_\_\_\_

EMAIL \_\_\_\_\_

LIST ANY ARRESTS OR CITATIONS FOR DISORDERLY CONDUCT, VIOLATION OF LOCAL ORDINANCES, MISDEMEANORS OR CRIMES BOTH WITHIN AND OUTSIDE THE STATE OF NEW JERSEY. INCLUDE THE NATURE, HISTORY AND FINAL DISPOSITION OF EACH INCIDENT. IF NONE, INDICATE THIS IN THE SPACE BELOW.

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

COMPANY NAME \_\_\_\_\_ SUPERVIORS NAME \_\_\_\_\_

COMPANY ADDRESS \_\_\_\_\_ PHONE # \_\_\_\_\_

DESCRIBE GOODS OR SERVICES BEING OFFERED

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

**PLEASE LIST OTHER SOLICITOR/CANVASSING PERMITS ISSUE BY OTHER TOWNS**

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**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**

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**NOTICE: Two recent photographs (1 ½" X 1 ½") and a letter from the person or company authorizing the applicant to be their representative must be submitted with this application.**

***DO NOT WRITE BELOW THIS LINE***

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**POLICE DEPARTMENT**

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

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Chief of Police

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**OFFICE OF THE TOWNSHIP CLERK**

LICENSE # \_\_\_\_\_ DATE ISSUED \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_

FEE \_\_\_\_\_ SIGNATURE \_\_\_\_\_

Township Clerk

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