

City of Bridgeton
Municipal Clerk office
181 E. Commerce Street
Bridgeton, NJ 08302

Phone: 856 455-3230
Fax : 856 451- 5321
www.cityofbridgeton.com

SOLICITORS OR CANVASSAR APPLICATION

Fee of \$50.00 due at time of application

**Read every question carefully. ANSWER EVERY QUESTION-LEAVE NO BLANK SPACES.
If the question does not apply to you, state same. Per Ordinance No. 89-37, an applicant who has intentionally made a false statement of material, fact, or practiced, or attempted to practice, any deception or fraud in this application, may be rejected and criminally prosecuted**

Name of Applicant _____ Social Security # _____

Telephone Number of Applicant _____ Date of Birth _____

Permanent and Local Address of Applicant _____

Name and Address of Corporation and Registered Agent _____

_____ Phone # _____

Statement as to whether the applicant has been arrested for any crime or offense or the violations of any Municipal Ordinance other than traffic offense, date and place of conviction, nature of offense and punishment: _____

Character References, Name Address and Telephone Number

1. _____

2. _____

Business References, Name Address and Telephone Number

1. _____

2. _____

If a vehicle is used, a description and license # _____

If applicant is employed by another, Name and Address of employer.

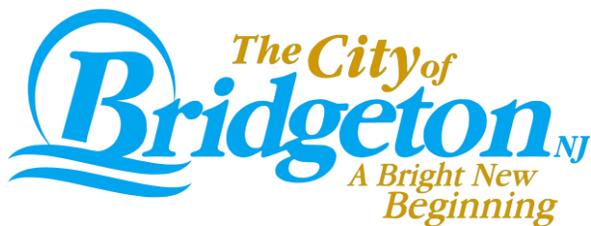
Days and times during which activity is to be conducted (within limits of City Ordinance)

Description of goods and nature of business or services to be sold or supplied

Place of manufacture or production of goods _____

Where products are located at time application is filed _____

Method of delivery _____



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I hereby certify that the foregoing information given on this application is true and complete to the best of my knowledge and belief. I further agree to comply with all the laws and ordinance of the City of Bridgeton applicable to the operation of business described herein.

Signature _____ Date: _____

Release Authorization

To all references, courts, Probation Departments, Employers, Schools, and other institutions and agencies without exceptions:

I, _____, am making application for licensure in the City of Bridgeton. As a result, an investigation is being conducted to determine my eligibility.

Therefore, you are authorized to release to the Bridgeton Police Department, or its representatives, any and all information you may have on file pertaining to me, whether this is documentary, oral, or otherwise, that they may request.

A Photostat copy of this authorization will be considered as effective and valid as the original.

Signature Print Name

Address

Date DOB Social Security #

Witness Date

Report of investigating officer: Applicant Approved: Yes No

Signature of Investigating Officer **Date Approved:**

Badge License Number: _____ **Issued Date:** _____

Date of expiration: _____

Clerk's Comments: _____

Completed: _____