

Solicitation Permit Fees

One Permit per Person

_____ \$25 Administrative Fee

_____ \$10 Background Check

_____ Permit Fees:

- \$5 per day for the first six (6) consecutive days
- \$1 per day for each day thereafter
- \$25 per month
- \$50 per year

_____ Total Fees Per Permit/Person x _____ Number of Permits Being Issued = _____

For each Permit/Person, please include:

_____ 2 forms of Picture ID (Driver's license/State ID, Employer ID, College ID, Military ID, etc.)

_____ Copy of vehicle registration

_____ Copy of Sales Tax License (if applicable)

Applicant will receive a copy of the Solicitation Ordinance

**NORTHFIELD TOWNSHIP
PEDDLERS AND SOLICITORS LICENSE**

CONTACT INFORMATION (PLEASE PRINT)

DATE: _____ LICENSE TYPE: COMMERCIAL CHARITABLE
NAME: _____ APPLICANT PHONE NUMBER: _____
RESIDENCE ADDRESS: _____ BUSINESS NAME AND ADDRESS (IF APPLICABLE): _____

MODE OF TRAVEL: _____
SUPERVISOR NAME: _____ SUPERVISOR PHONE NUMBER: _____

PERSONAL DESCRIPTION

DATE OF BIRTH _____ WEIGHT _____ HEIGHT _____
EYE COLOR _____ HAIR COLOR _____

VEHICLE DESCRIPTION

YEAR _____ COLOR _____ MAKE _____ MODEL _____
LICENSE PLATE NUMBER _____

MERCHANDISE & INTENDED USE

DESCRIPTION OF MERCHANDISE TO BE PEDDLED: _____
PURPOSE AND INTENDED USE OF FUNDS SOLICITED (CHARITABLE LICENSE ONLY): _____

DATES & FEES

LENGTH OF TIME/DATES FOR WHICH THE RIGHT TO DO BUSINESS IS DESIRED: _____

\$25.00 Filing Fee
\$10.00 Background check

(PLEASE CHECK ONE)

- \$5.00 PER DAY FOR THE FIRST SIX CONSECUTIVE DAYS
- \$1.00 PER DAY FOR EACH DAY THEREAFTER
- \$25.00 PER MONTH
- \$50.00 PER YEAR

PERMITS CANNOT BE ISSUED FOR A PERIOD EXCEEDING ONE YEAR.

APPLICANT'S SIGNATURE: _____

RECEIVED BY: _____

OFFICE USE ONLY

COPY OF LICENSE/ID: _____
2ND PHOTO ID: _____
VEHICLE REGISTRATION COPY RECEIVED _____
BACKGROUND CHECK RECEIVED: _____
COPY OF SALES TAX LICENSE (IF APPLICABLE): _____

APPLICANT RECEIVED SOLICITATION ORDINANCE: _____
FILING FEE PAID UPON RECEIPT OF APPLICATION: _____
LICENSE FEE PAID: _____ AMOUNT: _____
APPLICATION STATUS: GRANTED DENIED

APPROVING SIGNATURE: _____ DATE: _____