

**WESTAMPTON TOWNSHIP  
SOLICITOR'S PERMIT APPLICATION**

Date of Application \_\_\_\_\_

**Instructions and Requirements:**

1. All spaces **must** be completed – type or print all answers
2. Two photos are required upon issuance of permit, **if approved**. Photos are to be 2 inches in size and taken within the last 30 days.
3. A fee of **50.00** will be required upon issuance of **approved** permit. Make Check or Money Order payable to: Westampton Township

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**PART 1 Solicitor's Information (Applicant)**

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_  
Maiden \_\_\_\_\_ Sex: Male / Female SS# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_  
Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age \_\_\_\_\_ Telephone ( ) \_\_\_\_\_  
Driver's License # \_\_\_\_\_ State \_\_\_\_\_ Citizen: Y / N  
Description of Vehicle, if used (Make and Model) \_\_\_\_\_ Year \_\_\_\_\_  
Color of Vehicle \_\_\_\_\_ Registration # \_\_\_\_\_ State \_\_\_\_\_  
Name of Registered Owner \_\_\_\_\_  
Place of Birth: (City, State and County) \_\_\_\_\_  
Weight \_\_\_\_\_ Height \_\_\_\_\_ Hair Color \_\_\_\_\_ Eye Color \_\_\_\_\_  
Race: \_\_\_\_\_ Distinguishing Characteristics \_\_\_\_\_  
Name of Nearest Relative \_\_\_\_\_ Relation \_\_\_\_\_  
Address \_\_\_\_\_ Telephone ( ) \_\_\_\_\_  
Does applicant have solicitation permits in any other township? \_\_\_\_\_ If yes, please list where: \_\_\_\_\_

Has applicant ever been convicted of any crimes? \_\_\_\_\_ If yes, list date(s), place(s) and offense(s). \_\_\_\_\_

Name, Address and Phone Number of 3 Character References – not related to you

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**PART 2 Company Information – credentials must be produced**

Name \_\_\_\_\_

Address \_\_\_\_\_

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Telephone (    ) \_\_\_\_\_ Contact Person \_\_\_\_\_

Type of Company: Nonprofit \_\_\_\_\_ Veteran \_\_\_\_\_ Other \_\_\_\_\_

If Nonprofit or Veteran, list state license number: \_\_\_\_\_

Is Applicant Exempt from License Fee? Yes \_\_\_\_\_ No \_\_\_\_\_

Date (s) during which solicitation is to be performed \_\_\_\_\_

Brief description of the nature of the business and the goods/product to be sold.

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**PART 3**

1. A photo copy of NJ Sales Tax Certificate, County Sanitary Report, Insurance Policy, Driver's License and/or Photo ID, Vehicle Registration and Nonprofit Form if applicable, **MUST** accompany this application form.
2. I, \_\_\_\_\_, do hereby certify that the answers to the questions stated on this application are true and accurate in every particular, to the best of my knowledge.

Date \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

**PART 4 TO BE COMPLETED BY ISSUING AUTHORITY**

APPROVED \_\_\_\_\_

NOT APPROVED \_\_\_\_\_

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

Attach Photo Here: