



WALL TOWNSHIP POLICE DEPARTMENT

P.O. Box 1168 / 2700 Alliare Rd. Wall Township, NJ 07719

Phone: (732) 449-4500 ~ Fax: (732) 449-1273 ~ www.wallpolice.org

APPLICATION FOR SOLICITATION

VENDOR: (NAME OF BUSINESS) _____

Vendor Address: _____ City: _____ St _____ Zip _____

Vendor Phone #: () _____ - _____ Contact: _____

State License or Permit # _____ Name of Liability Insurance Co. _____

Liability Insurance Policy # _____

Applicant Name: _____

(Last)

(First)

(MI)

Address: _____ City: _____ St: _____ Zip _____

*List any addresses you have had if 3 years prior to above address:

Address: _____ City: _____ St: _____ Zip _____

Address: _____ City: _____ St: _____ Zip _____

Date of Birth: ____/____/____ Age: ____ Sex: ____ Race: ____ Birth Place: _____.

Social Security #: _____ - _____ - _____ Height: ____ Weight: ____ Hair ____ Eyes ____

Drivers License # _____ St: _____ Exp: ____/____/____

Applicant Phone # () _____ - _____ Email (optional) _____

Product or service to be solicited: _____

Is product or service solicited for human or animal consumption? Yes / No (circle one)

If "Yes" to above, a certificate must be obtained for Township Clerk. Lic# _____ Exp. _____

Certificate or permit issued by: _____ Date: ____/____/____

Does product or service require or utilize chemicals, paint products, hazardous materials, or fluids? Yes / No

If "Yes" to above include NJDEP Permit # _____ Exp: ____/____/____

Have you been fingerprinted @ another municipality for this same type of product or service within the last 6 months? Yes / No. If "yes" where: _____ Date: ____/____/____

Date(s) product or services will be solicited: From: ____/____/____ To: ____/____/____

List any vehicle that will be utilized during solicitation:

Vehicle Registration: _____ (St) _____ Vehicle Registered to: _____

Vehicle Information: _____
Make Model Color(s)

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** If vehicle has "commercial" registration, vehicle must comply with NJ Title 39:4-46 for exterior signage & markings.

Have you ever been: *convicted, fined, found guilty and/or imprisoned for any crime?* Yes / No

If "yes" to above, please indicate below:

(1) Agency / Court: _____ County: _____ State: _____

Charge(s): _____ Disposition: _____

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Requirements: All applicants must submit a letter or written statement from the individual, firm, corporation or vendor employing the applicant, certifying that the applicant is authorized to act as a representative and may sell or distribute the products listed above and during the date(s) listed above. And that the applicant is employed in good standing with that company. This letter will be written on formal letter head of said firm and must be endorsed by company president, agent, or owner. This letter must also be endorsed by and include a raised Notary Public Seal.

This application must be filed at least three months prior to date applicant wishes to commence solicitation and must include photo copies of Liability Insurance Certificates & New Jersey State Licenses or Permits. Applicants must call for an appointment for photographs and processing. Fingerprint processing takes place off site we will provide you with instructions for this at the time of your initial appointment. Please bring with you two forms of photo identification. Applicants must also provide two recent color photographs not less than 2"x 2", showing head and shoulders. Conditions of this application are set forth under Wall Township Municipal Ordinance Code 167-5, and therefore void if any conditions of said code are not met. Refer to Wall Township Municipal Code Chapter 167: Peddling and Soliciting for code in it's entirety. Once the application is approved, a \$25.00 permit fee is required upon issuance.

~~ Notice to Applicants ~~

As indicated above, I have applied for solicitors permit from the Township of Wall, Monmouth County, New Jersey. I hereby authorize the Wall Township Police Department to check and obtain any criminal history information on my background for the purpose of this application. I also understand that I will be charged criminally & possible fines and/or imprisonment may result, if the background investigation reveals ANY of the above information to be falsified.

_____/_____/_____
Signature of Applicant Dated

=====Do Not Write Below This Line=====

NJ State Fingerprints Submitted: ____/____/____ FBI Prints Submitted: ____/____/____

Returned: ____/____/____ Returned: ____/____/____

DENIED FOR: _____

DENIED DATE: ____/____/____ SIGNED _____

Approval by *Chief of Police:*

Official Seal:

Dated: ____/____/____

