

**PROCEDURE FOR APPLYING FOR A
SOLICITOR OR MOBILE (FOOD) VENDOR LICENSE**

TOWNSHIP OF PARSIPPANY-TROY HILLS

Township Clerk's Office (973-263-4359)

1. Complete the attached application form and submit it to the Township Clerk's Office with the appropriate fee (cash or check made payable to the Township of Parsippany-Troy Hills). A copy of your **NJ Sales Tax Certificate of Authority** must accompany the application, as well as **two passport size photographs**.

Note: *A business must complete and file Form NJ-REG (Business Registration Application) to register with the State to collect/remit New Jersey taxes such as sales tax or employee withholdings, and to obtain a New Jersey tax identification number. You can register a business online or file a paper application. For additional information on registering your business visit: <http://www.state.nj.us/treasury/revenue/gettingregistered.htm>*

Solicitor Licenses expire December 31st and are subject to renewal in the following year.

CHECK LIST:	<input type="checkbox"/>	Application fee
	<input type="checkbox"/>	Copy of NJ Sales Tax Certificate of Authority
	<input type="checkbox"/>	Two (2) photographs
If applicable:	<input type="checkbox"/>	Copy of valid Vehicle Registration
	<input type="checkbox"/>	Copy of valid Driver's License
	<input type="checkbox"/>	Credentials establishing relationship with firm

TOWNSHIP OF PARSIPPANY-TROY HILLS

**SOLICITOR
LICENSE APPLICATION FOR THE YEAR 20__**

FEES ARE NON-REFUNDABLE

FEES:

CANVASSERS AND SOLICITORS PER APPLICANT - \$100

FOR MUNICIPAL USE ONLY

Prepaid: _____ Date Filed: _____ Application No. _____

New _____ Renewal _____

Fee: Cash _____ Check _____

Copy of NJ Sales Tax Certificate of Authority (if applicable)

Copy of Valid Registration for each vehicle being used N/A

Copy of Valid Driver's License N/A

Credentials Establishing Relationship with Firm N/A

Approvals: Police _____

License No. _____ Date Issued _____

INSTRUCTIONS:

COMPLETE ALL ITEMS - IF NOT APPLICABLE, SPECIFY WITH "N/A"- PLEASE PRINT

1. Name of Applicant (Individual's Name): _____

Residence: _____

Number of years at present address: _____

If less than 5 years at present address, indicate former address, include zip code:

Date of Birth: _____ Social Security No.: _____

Home Telephone Number: _____ check if unlisted number

Work Telephone No: _____

Do you have a valid N.J. Driver's License with your current address? Yes No

Driver's License No: _____

Date Driver's License Expires: _____

State Veteran's License No., If Applicable: _____

2. Name and Address of Company Represented By Vendor: _____

Trade Name, if applicable: _____

If Corporation, Name and Address of Registered Agent: _____

Telephone Number of Company: _____

Submittal of Credentials Establishing Relationship with Firm: Yes No

3. Describe Nature of Business: _____
Specify Goods or Services to be Sold or Contracted For: _____

4. Area of Operation: _____

5. When will the licensed activity be conducted?

Days of Week: _____

Hours of Operation: _____

6. Will you be using a vehicle in connection with soliciting? Yes No

If **YES**, and you are soliciting, complete the following:

Vehicle Description:

Make: _____ Model: _____ Year: _____

License Plate Number: _____

Name on Vehicle: _____

(If more than one vehicle will be used, please check and provide specific information for each vehicle)

7. List **All** Other Municipalities in Which You Have Held or Currently Hold a Solicitor's License:

8. References (Not Related To You) - Submit At Least 2 with Their Complete Addresses and Telephone Numbers

(1) Name: _____

Address: _____

Telephone Number: _____

(2) Name: _____

Address: _____

Telephone Number: _____

(3) Name: _____

Address: _____

Telephone Number: _____

9. List Any Arrests Or Convictions (Motor Vehicle, Criminal, Or Local Ordinances)

Violation: _____

Violation: _____

Date: _____

Date: _____

Municipality: _____

Municipality: _____

State: _____

State: _____

Penalty Imposed: _____

Penalty Imposed: _____

Attach Additional Information, If Necessary

10. Physical Description:

Sex: Male Female Height: _____ Weight: _____
Race: _____ Color of Hair: _____ Color of Eyes: _____
Date of Birth: _____ Age: _____

11. Former Employers and Addresses (Submit 2)

(1) _____
(2) _____

PLEASE SIGN AND HAVE NOTARIZED BY A NOTARY PUBLIC PAGE 4 OF THE APPLICATION

YOUR APPLICATION WILL NOT BE CONSIDERED COMPLETE WITHOUT IT

Upon my oath or affirmation, I certify that all information provided in this application is true. I further certify that I am familiar with Chapter 195, *Distribution of Handbills*; §290-10, *Vending in Park and Recreational Areas*; and Chapter 296, *Peddling and Soliciting* of the Code of the Township of Parsippany-Troy Hills.

Sworn and Subscribed to Before Me

Signature: _____

This _____ Day of _____, 20 ____.

Print Name: _____

Date: _____

My Commission Expires: _____