



Byram Township  
 Clerk's Office  
 10 Mansfield Drive  
 Stanhope, NJ 07821  
 Tel: 973.347.2500, ext. 127 • Fax: 973.347.0502  
[www.byramtwp.org](http://www.byramtwp.org)



## Solicitor / Canvasser License Application

<b>Date of application:</b>	
<b>Application fee:</b>	<b>\$500 / Per Year</b>

### APPLICANT'S PERSONAL INFORMATION

Last Name		First Name		M.I.	Maiden Name (if female)	
Permanent Home Address					Permanent Tel. Number	
Local Address					Local Tel. Number	
Driver's License # and State			Social Security #		Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed	
Date of Birth	Place of Birth	Height	Weight	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Hair Color

Have you been convicted or pleaded guilty to any motor vehicle offenses in the last 10 years?    YES    NO

Have you been convicted of any crime, misdemeanor or violation of any municipal ordinance?    YES    NO

If yes, please indicate the nature of the offense and the punishment or penalty assessed:

You may attach a separate page to this application if you would like to make any statement with respect to any such conviction or guilty plea.

Provide the name, address and telephone number for three references from Sussex County residents, other than family members, who can attest to your good character and business responsibility.

Name	Address	Telephone
1.		
2.		
3.		

### EMPLOYER INFORMATION

Name	
Address	Telephone

### PREVIOUS SOLICITING ACTIVITY

In which New Jersey municipalities have you solicited goods or services in the immediately preceding two years?

# Solicitor License Application

Continued page 2 of 2

## MERCHANDISE/SERVICES INFORMATION

Provide a brief description of the goods to be sold, services to be performed or nature of any proposed canvassing:

If a vehicle is to be used, please complete the next section:

## VEHICLE INFORMATION

Year	Make	Model	Color	Size	License Plate #/State
Insurance Company			Insurance Policy #		

**Photocopy of the applicant's valid driver's license must be included with this application.**

I hereby certify that the information contained in this application is complete, accurate and truthful to the best of my knowledge and belief. I understand that if any statement made is willfully false or incomplete, I may be subject to penalties as provided by law and have this application denied.

I hereby acknowledge that the provisions of Chapter 164 Article III of Byram Township's code entitled "Solicitors and Canvassers" are understood and that if I violate any of the provisions, I am subject to appropriate penalties and/or license revocation.

I consent to Byram Township's obtaining copies of my fingerprinting, background check, and driving record from the appropriate public agency and Criminal History Record Information from the New Jersey State Police, State Bureau of Identification.

Date

Signature

### FOR OFFICIAL USE ONLY

FEE PAID		DATE REC'D	
CHIEF OF POLICE	<input type="checkbox"/> YES <input type="checkbox"/> NO DATE:	MUNICIPAL CLERK	<input type="checkbox"/> YES <input type="checkbox"/> NO
LICENSE ISSUED	<input type="checkbox"/> YES <input type="checkbox"/> NO DATE:	LICENSE #	