

**APPLICATION FOR LICENSE TO SOLICIT
READINGTON TOWNSHIP, COUNTY OF HUNTERDON, NJ**

Name of Applicant _____ Soc. Sec. # _____

Home Address _____ Cell Phone # _____

Driver's License # and State _____

Business Address _____ Phone # _____

Local Address (if applicable) _____

Place of residence (last 3 years) _____

Description/ License Plate of Vehicle : _____

Description of Applicant : Birth date _____ Citizen _____ Sex _____

Race _____ Height _____ Weight _____ Color of hair _____

Color of eyes _____ Other physical characteristics: _____

Business Name _____ Address _____

Is the business or services offered a State regulated profession or occupation? Yes _____ No _____

If so, provide the State issued License Number, State of issue and expiration date _____

Business operated by _____

Supervisors Name / Contact # _____

Application on behalf of _____

Articles or services sold or furnished _____

Money Solicited for (if applicable) _____

Dates Soliciting will be done: Beginning _____ Ending _____

Have you ever been convicted of any crime, misdemeanor, ordinance or offense, other than parking offenses or minor motor vehicle violations? No _____ Yes _____

If Yes, state nature of offense _____

PLEASE ATTACH TWO (2) REGULATION SIZE PASSPORT PHOTOS (2"x2")

FOR OFFICE USE ONLY:

Approval Granted

Approval Denied

License granted by Readington Township Police : _____

Date _____ Permit Fee Paid : CASH CHECK # _____