



BOROUGH OF KENILWORTH

567 Boulevard
Kenilworth, NJ 07033

Phone: (908) 276-9090

Fax: (908) 276-7688

PEDDLING AND SOLICITING APPLICATION

Borough Code – Part 2, Chapter 144

This application must be answered completely and truthfully.

Incomplete Applications will not be processed. A list of application requirements can be found on Page 3.

The Kenilworth Police review all applications and may require a state and/or federal fingerprint check.

All permits issued are for a 30 day period.

APPLICATION FEE: \$50.00

LICENSE FEE (valid for 30 days): \$250.00

PLEASE PRINT

NJ SALES TAX I.D.#

NOTE: Applicant must provide a copy of Tax ID Card.

NAME OF APPLICANT: _____

PERMANENT ADDRESS: _____

TEMPORARY/BUSINESS ADDRESS: _____

TELEPHONE: HOME/CELL: () _____ WORK/CELL: () _____

DATE OF BIRTH: _____ AGE: _____ HEIGHT: _____ WEIGHT: _____

EMPLOYER, COMPANY, ORGANIZATION OR FIRM REPRESENTED:

Name	Address	Phone

NOTE: Applicant must provide a letter or written statement, certifying the applicant is authorized to act as a representative of the individual, firm or corporation.

Type of license applying for: () PEDDLER () SOLICITOR

Nature of goods/merchandise to be sold or offered for sale or the nature of the services to be furnished

List of place(s) of residence for the preceding three (3) years

Has a municipality ever rejected applicant or firm for a peddler / canvasser / solicitor or similar permit?
() NO () YES - If Yes, Explain:

Has applicant ever been arrested or convicted of a crime, disorderly persons offense or violation of any municipal ordinance, especially relating to soliciting/canvassing or peddling?
() NO () YES - If Yes, Explain (including when, where and the nature of the offense):

Names of other municipalities in New Jersey where applicant has been issued a permit to solicit, canvass, or peddle in the past two (2) years

HOURS OF OPERATION:

NOTE: Peddling, Canvassing or Soliciting shall be RESTRICTED to the hours of 9:00 am and 9:00 pm.

VEHICLE INFORMATION (IF APPLICABLE)

MAKE: _____ MODEL: _____ YEAR: _____ COLOR: _____
LICENSE PLATE: _____ DRIVER'S LICENSE #: _____

NOTE: Please provide a copy of the Vehicle Registration & Vehicle Insurance Card.

Route planned to be taken and the corresponding list of days the person will be soliciting, canvassing or peddling along that route:

REFERENCES:

Please provide name, address & telephone number of two (2) business references in Union County:

Name & Address	Telephone Number
_____	_____
_____	_____

I, _____, hereby certify that I have fully and truthfully answered this application and will abide by all law of the State of New Jersey and ordinance of the Borough of Kenilworth.

Signature of Applicant

Sworn to and Subscribed before me on this _____ Day, of _____, 20 _____.
County of _____, State of New Jersey.

Signature of Notary

(Seal)

Submit this application in duplicate, along with the following, to the Borough Clerk's office:

- 2 Passport Sized Photos (2 in. x 2 in.)
- Copy of Tax ID Card (Permits will NOT be issued without a Tax ID)
- Letter Certifying the Applicant to Act as a Representative of the Individual, Firm, or Corporation
- Copy of your Driver's License
- Police Authorization for Release of Information and Records

NOTE: The Kenilworth Police may require a state and/or federal fingerprint check.

APPLICANT:

POLICE DEPARTMENT:

I Recommend: () Approval () Disapproval
For Reasons Stated:

Chief of Police

HEALTH DEPARTMENT:

I Recommend: () Approval () Disapproval
For Reasons Stated:

Health Officer

LICENSE APPROVAL:

License Number: _____
Date Issued: _____
Expiration Date: _____
Fee Paid: _____
Veterans Number _____

Borough Clerk