



# TOWNSHIP OF HOPEWELL

## MERCER COUNTY

201 Washington Crossing Pennington Road  
Titusville, New Jersey 08560-1410

### APPLICATION FOR SOLICITORS PERMIT

#### HOPEWELL TOWNSHIP ORD: 4:8

\_\_\_\_\_ \$20.00 Solicitors Application Fee, non-refundable to be paid at time of application (HT Ord: 22-1784)

\_\_\_\_\_ \$125.00 Solicitors Annual License Fee, due upon permit approval (HT Ord: 22-1784)

**Note: For Solicitors Only!**

If you are an honorably discharged veteran of the armed forces of the United States and a resident of the State of New Jersey, you are not required to apply for a license with this municipality. You may instead apply to the county clerk of the county in which you reside and receive a license to solicit anywhere in the State of New Jersey "free of charge." If you wish, you may also apply through this agency, but the required nonrefundable application fee noted above will be assessed.

**Please Print or Type**

Applicants Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_

Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Company Address: \_\_\_\_\_

**Applicants Data:**

Age \_\_\_\_\_ Sex \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Hair \_\_\_\_\_ Eyes \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Social Security Number \_\_\_\_\_

Drivers License Number \_\_\_\_\_ State \_\_\_\_\_

Have you ever been convicted of any crime other than a motor vehicle violation? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain on page 3 of this application.

Have you ever had a license denied? Yes\_\_\_\_\_ No\_\_\_\_\_ If yes, please explain on page 3 of this application.

**List the last three places of residency:**

Address:\_\_\_\_\_ Dates:\_\_\_\_\_

Address:\_\_\_\_\_ Dates:\_\_\_\_\_

Address:\_\_\_\_\_ Dates:\_\_\_\_\_

I, the undersigned applicant, understand the following parameters:

- 1) I must submit three (3) passport type photos of myself.
- 2) If granted this permit, my business will not interfere with the free flow of traffic on any public highway, street, alley or etc.
- 3) The nature of my business/what I intend to sell is:\_\_\_\_\_

And samples of same are available for inspection. Yes\_\_\_\_\_ No \_\_\_\_\_

- 4) A copy of my state of New Jersey sales tax certificate is attached (mandatory). Yes\_\_\_\_\_. Unless \_\_\_\_\_My merchandise is not taxable.
- 5) I the undersigned applicant authorize any individual, company, person, or institution to whom I have been associated with to furnish the Hopewell Township Police Department with any information concerning my ability and character which they have on their record or otherwise, and do hereby release the individual, company, person, institution, and all individuals, and all individuals connected therewith from all liability for any damages whatsoever incurred in furnishing such information.
- 6) I do hereby swear that all of the information given by me in this application is true to the best of my knowledge and hereby apply for the aforementioned license. I also understand that it is a crime of the fourth (4<sup>th</sup>) degree for a person to make a false written application and/or statements for the purpose of misleading a public servant in accordance with N.J.S. 2C:28-3A.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date Submitted

\_\_\_\_\_  
Witness

Local Police Department Check (s):

Any Record

\_\_\_\_\_ Yes\_\_\_\_\_ No \_\_\_\_\_

\_\_\_\_\_ Yes\_\_\_\_\_ No \_\_\_\_\_

\_\_\_\_\_ Yes\_\_\_\_\_ No \_\_\_\_\_

Local warrant and ATS check: \_\_\_\_\_Record    \_\_\_\_\_No Record

Drivers License Check: \_\_\_\_\_Valid \_\_\_\_\_Expired \_\_\_\_\_Suspended

SCIC/NCIC Check: \_\_\_\_\_Record \_\_\_\_\_No Record

Following space is to be used for any clarifications of previous inquiries:

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and extend across the width of the page. There are no margins, text, or other markings on the paper.

Application: \_\_\_\_\_ Approved \_\_\_\_\_ Disapproved \_\_\_\_\_  
 \_\_\_\_\_  
 Chief of Police or Designee

**To be completed by municipal clerk's office:**

License Number:\_\_\_\_\_

License Issued On:\_\_\_\_\_

Expires:\_\_\_\_\_

Municipal Clerk