

BOROUGH OF PALISADES PARK
BERGEN COUNTY, NEW JERSEY
APPLICATION FOR SOLICITORS

FEE _____

LICENSE # _____

To: Mayor and Council
Palisades Park, NJ

DATE: _____

1. Applicant _____
 2. Permanent Home Residence _____
 3. Name and Address of firm represented _____

 4. Three business references:
 1. _____
Name, Address, & Phone #
 2. _____
Name, Address, & Phone #
 3. _____
Name, Address, & Phone #
 5. Place or places or residence of the applicant for the preceding three (3) years:

 6. Length of time for which license is desired _____
 7. Description of the wares to be offered for sale _____

 8. Number either of arrests or convictions for misdemeanors or crimes and the nature of offenses for which arrested or convicted: _____

- Drivers License No. _____
- Date of Birth _____
9. To the application must be appended a letter from the firm for which applicant purports to work, authorizing the applicant to act as its representative.

10. Provide two (2) photographs of Applicant

Signature of applicant _____

Applicant must be fingerprinted and investigated as to his/her character and reputation by the Police Department before approval of license is granted.

Date Approved: _____

Police Department

Borough Clerk