## BOROUGH OF MAYWOOD, 15 Park Ave, Maywood, NJ 07607 APPLICATION FOR PERMIT TO SOLICIT OR PEDDLE

PERMIT #	CASE #					
NAME OF APPLICANT:						
NAME OF APPLICANT:_	(LAST NAME)	(FIRST NA	AME)	( M.I.)		
HOME ADDRESS:	(OTD PET)	(OITY)	(OT A T	PE) (ZID)		
TENTEDITONIE # /	(STREET)	(CITY)	(SIA)	IE) (ZIP)		
TELEPHONE #:()		S.S.NUMBER:				
DATE OF BIRTH:	PI	LACE OF BIRTH:				
SEX:RACE:	HEIGHT:	WEIGHT:	EYE COLOR:_	HAIR:		
DRIVER'S LICENSE NUM	RIVER'S LICENSE NUMBER:STATE:					
LIST RESIDENCES FOR	R LAST THREE (3)	) YEARS:				
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LIST ANY ARREST(S) A OFFENSE, OR VIOLATI OFFENSE AND THE PU	IONS OF ANY MU NISHMENT ASSE	NICIPAL ORDINA SSED.	ANCE AND THE	NATURE OF THE		
OFFENSE, OR VIOLATI OFFENSE AND THE PU	IONS OF ANY MU NISHMENT ASSE	NICIPAL ORDINA	ANCE AND THE	NATURE OF THE		
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OFFENSE, OR VIOLATIOFFENSE AND THE PU FIRM REPRESENTED:	IONS OF ANY MU NISHMENT ASSE	NICIPAL ORDINA SSED.	ANCE AND THE	NATURE OF THE		
OFFENSE, OR VIOLATIOFFENSE AND THE PU  FIRM REPRESENTED:  NAME OF FIRM:  ADDRESS:	IONS OF ANY MU NISHMENT ASSE	NICIPAL ORDINA	ANCE AND THE	NATURE OF THE		
OFFENSE, OR VIOLATIOFFENSE AND THE PU  FIRM REPRESENTED:  NAME OF FIRM:	IONS OF ANY MU NISHMENT ASSE	NICIPAL ORDINA	ANCE AND THE	NATURE OF THE		
OFFENSE, OR VIOLATIOFFENSE AND THE PU  FIRM REPRESENTED:  NAME OF FIRM:  ADDRESS:  TELEPHONE #: ()	ONS OF ANY MU NISHMENT ASSE	NICIPAL ORDINA	JCT:	NATURE OF THE		
OFFENSE, OR VIOLATIOFFENSE AND THE PU  FIRM REPRESENTED:  NAME OF FIRM:  ADDRESS:  TELEPHONE #: ()  LIST THREE BUSINESS	ONS OF ANY MUNISHMENT ASSE	NICIPAL ORDINA SSED. TYPE OF PRODU	JCT: TEL	NATURE OF THE		
OFFENSE, OR VIOLATIOFFENSE AND THE PU  FIRM REPRESENTED:  NAME OF FIRM:  ADDRESS:  TELEPHONE #: ()  LIST THREE BUSINESS	ONS OF ANY MUNISHMENT ASSE	TYPE OF PRODU	JCT: TEL	NATURE OF THE		
OFFENSE, OR VIOLATIOFFENSE AND THE PU  FIRM REPRESENTED:  NAME OF FIRM:  ADDRESS:  TELEPHONE #: ()  LIST THREE BUSINESS  NAME	ONS OF ANY MUNISHMENT ASSE	TYPE OF PRODU	JCT: TEL	EPHONE NUMBER		

NOTICE: ALL PERMITS EXPIRE ON DECEMBER 31 OF THE CURRENT YEAR

TO APPLICANT:							
A LETTER FROM THE FIRM REPRESENTED MUST BE ATTACHED TO THIS APPLICATION AUTHORIZING YOU, THE APPLICANT, TO ACT AS ITS REPRESENTATIVE.							
PLEASE READ THE FOLLOWING:							
I HEREBY CERTIFY THAT THE INFORMATION ON THE APPLICATION IS TRUE AND CORRECT. I UNDERSTAND THAT UNTRUE, INCORRECT OR INCOMPLETE INFORMATION MAY BE REASON FOR REJECTION OF THIS APPLICATION.							
SIGNED:	DAT	E:					
	•						
FOR DEPARTMENT USE ONLY							
APPLICATION APPROVED: REJECTED			):				
SIGNED:	DATE:						
TITLE:							
CHECK PROPER CLASSIFICATION							
LOCAL MERCHANT:	LOCAL RESIDENT: TRANSIENT MERCHANT:						
NON PROFIT CHARITY:	PEDDLER/SOLICITOR:_	R: VETERAN*:					
EXEMPT FIREMAN*:	INTERSTATE LICENSE:						
*COPY OF CERTIFICATION							
PROCESSING FEE	\$25.00 PER APPL	ICATION	PAID:				
DAILY PERMIT FEE	\$5.00 PER DAY		PAID:				
ICE CREAM TRUCK FEE	\$50.00 PER TRUCK		PAID:				
Please return completed application IN PERSON with the following:							
*\$25.00 application fee – cash, check or money order accepted forms of payment							
*2 forms of photo ID							

\_Letter from company authorizing you to solicit on their behalf