



Borough of Chatham

MUNICIPAL BUILDING
54 FAIRMOUNT AVENUE
CHATHAM, NEW JERSEY 07928

973-635-5507
FAX 973-635-2417

SOLICITATION APPLICATION Applicant Information

Name: _____

Permanent Street Address: _____

City: _____ State: _____ Zip Code: _____

Temporary Street Address (If Applicable): _____

City: _____ State: _____ Zip Code: _____

List of Addresses for the past (3) Years: _____

Has the applicant ever been convicted of the following, please explain:

Crime: _____

Disorderly Persons Offense: _____

Local Ordinance relating to Canvassing or Soliciting: _____

List other Municipalities where the applicant has been issued a permit to solicit in the past (2) years:

Physical Description of the Applicant:

Gender (M/F): _____ Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____

Other (such as facial hair, visible scars, tattoos, etc): _____

Vehicle Information (List All)

License Plate _____ Year _____ Make _____

Model _____ Color _____

Reviewed by _____ Date _____

Employer Information

Company Name, Firm or Entity: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____ Phone #: _____

NJ Sales Tax Number: _____ Federal I.D. Number: _____

Daily (\$5.00): _____ Weekly (\$15.00): _____ Monthly (\$30.00): _____ Yearly (\$50.00): _____
(per day) (per week) (per month) (per year)

Start Date: _____ Day of the Week: _____ Times: _____
(from) (to)

Ending Date: _____ Day of the Week: _____

Nature of Goods/Merchandise OR Service to be furnished: _____

I, the undersigned, have received and read the regulations regarding Solicitors/Canvassers and do consent to adhere to said rules under penalty of having said permit revoked.

Applicant's Signature: _____ Date: _____

Signature of the Chief of Police: _____ Date: _____

Permit Number: _____

**PERMIT MUST BE DISPLAYED ON THE PERSON IN PLAIN
SIGHT WHILE IN CHATHAM BOROUGH**