



BOROUGH OF FRANKLIN

Franklin Borough Municipal Building
46 Main Street, Franklin, NJ 07416
P: (973) 827-9280 | F: (973) 827-9279



SOLICITOR'S PERMIT APPLICATION

Application Fee: ☐ \$10.00
License Fee: ☐ \$90.00 per year ☐ \$20.00 per day

CLERK USE ONLY

APP #: _____
☐ NEW
☐ RENEWAL

Application Instructions:

- Applicants must complete the **Solicitor's Permit Application**.
- Once the application is received and processed by the Municipal Clerk, you will be contacted by Franklin Borough Police Department via the email you provided and issued a **Contributor Case Number**. *Please allow 5 to 7 business days for this process to be completed and for you to receive your email.*
- Next, visit www.identogo.com and click **Get Fingerprinted**, located in the upper right corner of the page.
- Select **State of NJ** and click **Go**. Under **Enrollment Services** at the bottom of the page, select **Digital Fingerprinting**. Enter the Service Code **2F17ZY** and then select **Schedule or Manage Appointment**.
- Complete all required information. Under the **Facility** section, enter **NJ0190600** for the ORI # (Originating Agency Number). In the **Additional Info** section, enter the **Contributor Case Number** that was provided to you via email by the Franklin Borough Police Department.
- Once all information is entered, you will be able to schedule an appointment at the nearest location to be fingerprinted.
- Once your fingerprint result are received by the Franklin Borough Police Department, your application will be reviewed for endorsement by the department and submitted for final approval by the Borough Council.
- If you have any questions, please contact permits@franklinpd.org.

1. The Applicant is an ☐ Individual ☐ Partnership ☐ Corporation
2. The Applicant ☐ HAS ☐ HAS NOT applied for a license to peddle, hawk, solicit, and/or canvas in another municipality of the State of New Jersey.

QUESTIONS 3 THROUGH 12 MUST BE FILLED OUT BY ALL APPLICANTS

3. Provide the following information, for both the applicant and for each partner, employee, or agent who will peddle, hawk, solicit, or canvass. **Fill out separate applications for each individual.**

Name: _____ Height: _____
Address: _____ Weight: _____
Home/Cell Phone: _____ Email: _____
Business Phone: _____ Soc. Sec. #: _____
Driver's Lic. #: _____ Birth Date: _____ Age: _____

PLEASE SUBMIT TWO FORMS OF IDENTIFICATION ALONG WITH THIS APPLICATION

4. Nature of business to be conducted: _____
5. Type of merchandise to be sold or services to be solicited: _____

6. Length of time for which license is desired: _____
7. Name and address of employer: _____

8. Description and Vehicle Identification Number (VIN) of vehicle(s) to be used, if any:
- Make: _____ Year: _____ Body Type: _____
Color: _____ License Plate #: _____ State: _____
9. Residence where the applicant has resided for a period of three (3) years immediately prior to making application:
- | <u>Residence</u> | <u>From</u> | <u>To</u> |
|------------------|-------------|-----------|
| _____ | | |
| _____ | | |
| _____ | | |
10. Has the individual(s) named above ever been convicted of a felony, a crime as a disorderly person, or of any violation of any ordinance regulating peddlers, hawkers, solicitors, or canvassers?: ☐ YES ☐ NO
11. If the answer to question #10 was "YES," furnish the following information:
- Date of Conviction: _____
- Name/Location of Court: _____
- Violation Charged: _____
- Disposition: _____
12. Please check the appropriate box:
- ☐ Fee is attached in the amount of: \$ _____
- ☐ Exemption from payment of fees is claimed.

QUESTIONS 13 THROUGH 20 MUST BE COMPLETED BY BUSINESSES/CORPORATIONS ONLY

13. Corporate/Business name of applicant: _____
14. State of New Jersey Taxation Identification #: _____

ATTACH A COPY OF CORPORATION'S RESALE TAX CERTIFICATE

***Non-profit organizations and other government agencies are not required to submit a Resale Tax Certificate.**

15. Address of principal office: _____
16. Address of Registered Office in New Jersey: _____
17. Date incorporated: _____
18. Under laws of what State?: _____
19. If not incorporated under the laws of the State of New Jersey, is corporation authorized to do business in New Jersey? ☐ YES ☐ NO

ATTACH A COPY OF CORPORATION'S BUSINESS REGISTRATION CERTIFICATE

****Non-profit organizations and other government agencies are not required to submit a Business Registration Certificate.***

20. Name and residences of all officers of applicant corporation and office held by each:

Name

Residence

Office

QUESTIONS 21 THROUGH 25 MUST BE ANSWERED BY THOSE APPLICANTS CLAIMING EXEMPTION FROM THE PAYMENT OF LICENSE FEES

21. If exemption is claimed as a non-profit making vendor or solicitor, set forth a description of the activities of the non-profit organization and the authority for non-profit status:

22. If exemption is claimed as a person honorably discharged from military service and possessing a peddler's license in conformity with R.S. 45:24-9 et seq., furnish number of such:

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23. If exemption is claimed as an exempt fireman in conformity with R.S. 45:24-9 et seq., furnish number of the license held by such exempt fireman:

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24. If exemption is claimed under a license or permit issued under any legislation of the United States Government or by a State Agency pursuant to statute, describe same and furnish number of said license.

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25. Set forth the present status and expiration date, if any, of said exempt license claimed from question #22, #23, or #24.

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**SUBMIT TWO (2)
PHOTOGRAPHS WITH
THIS APPLICATION**

SIGNATURE OF APPLICANT:

DATE OF APPLICATION:

(PLEASE BE PREPARED TO PROVIDE AT LEAST THREE (3) CHARACTER REFERENCES)

MUNICIPAL APPROVAL FOR SOLICITOR'S PERMIT APPLICATION

ZONING OFFICER

☐

Based on my review of the attached application, it appears to me that there would be no violation of existing zoning laws in the course of conducting the nature of the business as stated on the application.

☐

The proposed business activity as described in the attached application would constitute a violation of existing zoning law in the Borough of Franklin.

Reference: Borough Ordinance No.: _____

Signed: _____

Dated: _____

ADDITIONAL COMMENTS:

MUNICIPAL APPROVAL FOR SOLICITOR'S PERMIT APPLICATION

HEALTH INSPECTOR

☐ Based on my review of the attached application, it appears to me that there would be no violation of existing health code regulations in the course of conducting the nature of the business as stated on the application.

☐ The proposed business activity as described in the attached application would constitute a violation of existing health regulations in the Borough of Franklin and/or State of New Jersey

Reference: Ordinance or Statute: _____

A food handling license is needed as well: ☐ YES ☐ NO

Signed: _____

Dated: _____

ADDITIONAL COMMENTS:

MUNICIPAL APPROVAL FOR SOLICITOR'S PERMIT APPLICATION

POLICE CHIEF

☐

Based on the criminal record check performed by my department, there is no reason that the application should be denied based on criminal history.

☐

A criminal record check on the above applicant has revealed the following criminal record information:

Signed: _____

Dated: _____

ADDITIONAL COMMENTS: