

Leo F. Selb Jr, RMC, QPA
Township Clerk
856-589-0520 ext. 213
609-617-2751 Cell
lselb@twp.washington.nj.us

Office of the Township Clerk
Township of Washington
523 Egg Harbor Road
Sewell, New Jersey 08080

Christine Ciallella
Dep. Township Clerk
856-589-0520 ext. 214
cciallella@twp.washington.nj.us

SOLICITOR APPLICATION

SOLICITOR INFORMATION: (PLEASE PRINT)

PAYMENT INFORMATION

First Name _____ MI _____ Last Name _____
Company _____
Applicants Addresses for past 2 years _____
City _____ State _____ Zip _____ E-Mail _____
Applicant's Telephone Area Code _____ Number _____
Date of Birth _____ Place of Birth _____
Social Security # _____ Sex _____ Weight _____ Height _____ Eyes _____

Fee Schedule:

APPLICATION FEE: \$75.00
Monthly License: \$15.00
SURETY BOND: \$200.00

**All Applicants MUST SIGN
a Release for a Background
Check by the Local Police
Department.**

BUSINESS INFORMATION: (PLEASE PRINT)

Business Name _____ Telephone Number _____
Mailing Address _____ City _____ State _____ Zip _____
Type of Business _____ Goods or Services Solicited _____
Location where business to be conducted _____
Length of Time for License _____

POLICE INFORMATION: (PLEASE PRINT)

Have you ever been convicted of a crime? _____ Yes _____ No
If yes, please state where, when, nature of offense and disposition _____
Motor vehicle to be used _____ Make _____ Model _____ Year _____
Color _____ License Plate # _____ State _____ Registered Owner _____
Driver's License # _____ State _____ Expiration Date _____
Are you a disabled Veteran? _____ Yes _____ No (If yes, please attach verification)

I solemnly swear or affirm that the information contained herein is true and correct to the best of my knowledge
Date _____ Signature _____

