Office of the Township Clerk
Township of Washington
523 Egg Harbor Road
Sewell, New Jersey 08080
(856) 589-0520

In order to obtain a <u>SOLICITOR'S PERMIT</u> in the Township of Washington you must submit the following:

- Solicitor Application
- Certification and Records Release
- Copy of valid Driver's License
- $75 Application Fee

The application and payment will be processed. Please be sure to check your email for instructions from the Police Department to be fingerprinted. The Clerk's Office will notify you upon approval of your background check. At that time, you must return to the Clerk's Office with:

- Two (2) passport photos
- Two (2) separate checks as follows:
  - $200 surety bond fee – will be refunded after one year
  - $15 monthly fee – required for each month of solicitation

- You will be issued an ID Badge
- You will receive a copy of the Regulation and Surety
- You will receive a copy of the Township's No Knock List

All checks are to be payable to the "Township of Washington".

The application fee is non-refundable.

All rules and regulations must be followed or your license will be revoked.

You may <u>not</u> solicit in the Township prior to an ID Badge being issued.

ID Badge must be worn at all times when soliciting.

Per Ordinance, solicitation to homes with a No Knock sticker is strictly prohibited.

Christine Ciallella, RMC
Township Clerk
856-589-0520 ext. 2214
cciallella@twp.washington.nj.us

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

Barbara Moore
Deputy Clerk
856-589-0520 ext. 2213
bmoore@twp.washington.nj.us

SOLICITOR APPLICATION

SOLICITOR INFORMATION: (PLEASE PRINT)

First Name_____ MI_____ Last Name_____

Company _____

Applicant's Address 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 _____

PAYMENT INFORMATION

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 is 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.

Signature _____ **Date** _____

CLC 05/2023

See Back of Application

LIST TWO (2) REFERENCES

1. _____ _____
First & Last Name Daytime Phone #

_____
Street Address City State Zip Code

2. _____ _____
First & Last Name Daytime Phone #

_____
Street Address City State Zip Code

YOU MUST SIGN A BACKGROUND RELEASE FORM IN ORDER TO PROCESS THE SOLICITOR APPLICATION.

THE APPLICATION FEE IS NON-REFUNDABLE.

A MONTHLY LICENSE FEE OF $15.00 IS REQUIRED IN ORDER TO SOLICIT EACH MONTH.

A $200 SURETY BOND MUST BE SECURED UPON APPROVAL.

SURETY BOND CAN BE IN THE FORM OF CASH, CHECK OR PAPER BOND.

ALL REGULATIONS MUST BE FOLLOWED OR YOUR LICENSE SHALL BE REVOKED.

For Office Use Only:

Submitted to Police Department: _____

Approved by Police Department: _____

Surety Bond and Monthly Fee Received: _____

Number of Months Issued: _____

WASHINGTON TOWNSHIP POLICE

1 McClure Drive • Sewell, New Jersey 08080 • (856) 589-6650

Chief Patrick M. Gurcsik

Certification and Records Release
Of Applicant for Employment

Certification:

I certify that all of the statements made in this application are true, complete and correct to the best of my knowledge and belief and are made in good faith. I am aware that any misrepresentation of information supplied by me will result in my disqualification from the application process.

Release of Information:

Further, I authorize the Washington Township Police Department to verify any and all information contained herein and to review police records and information from any local, state, or federal law enforcement agency. I hereby authorize and request the release of any and all information that concerns me, to a representative of the Washington Township Police Department. This authorization, or a reproduction thereof, shall be valid for a period of time of one (1) year from the date of execution of this document.

I have read this Certification and Release and I understand and agree to the conditions imposed herein.

Date: _____ Name (print) _____

Address: _____

Phone Number: home: _____ cell: _____

Signature: _____

Witness: _____