



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

**In order to obtain a SOLICITOR'S PERMIT 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 Clerk's Office will notify you upon approval of your background check. At that time, you must return to Clerk's Office with:

- Two (2) passport photos
- Two (2) separate checks as follows:
  - \$200 surety bond fee – will be refunded at the end of the 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 not solicit prior to an ID Badge being issued.**

**ID Badge must be worn at all times when soliciting.**

**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](mailto:cciallella@twp.washington.nj.us)

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523 Egg Harbor Road  
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Barbara Moore  
Deputy Clerk  
856-589-0520 ext. 2213  
[bmoore@twp.washington.nj.us](mailto: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  
Date \_\_\_\_\_ Signature \_\_\_\_\_

CLC 02/2021

**See Back of Application**

**LIST TWO (2) REFERENCES**

1.

\_\_\_\_\_  
(First Name)

\_\_\_\_\_  
(Last Name)

\_\_\_\_\_  
(Street Address)

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
(Zip Code)

\_\_\_\_\_  
Phone #

2.

\_\_\_\_\_  
(First Name)

\_\_\_\_\_  
(Last Name)

\_\_\_\_\_  
(Street Address)

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
(Zip Code)

\_\_\_\_\_  
Phone #

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

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



# 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: \_\_\_\_\_