



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 shall return to the Clerk's Office with:

- Two (2) passport photos
- \$200 surety bond fee – which 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.

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
Date _____ Signature _____

CLC 05/2021

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.

For Office Use Only:

Submitted to Police Department: _____

Approved by Police Department: _____

Surety Bond and Monthly Fee Received: _____

Number of Months Issued: _____

CLC 05/2021



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: _____