



TOWNSHIP OF NORTH BRUNSWICK
TOWNSHIP CLERK'S OFFICE
710 HERMANN ROAD
NORTH BRUNSWICK, NJ 08902
Phone (732) 247-0922 x 470 | Fax: (732) 745-0976

Township Clerk
Lisa Russo RMC, CMR
lrusso@northbrunswicknj.gov

Deputy Township Clerk
Monica Orlando RMC, CMR
morlando@northbrunswicknj.gov

Soliciting/Canvassing Permit Application

This license is required under the Chapter 143 of Code of the Township of North Brunswick
Each individual applicant must complete an application prior to operating within the Township.

Application Fee

\$50 Initial Application

\$25 Each additional application for employees of the same organization submitted at the same time

After submitting this application to the Township Clerk's office, you must contact the North Brunswick Police Department at kstepn@northbrunswicknj.gov for a case number prior to scheduling your fingerprinting appointment.

You must also submit 3 passport size photos with your application

BEFORE YOU SUBMIT YOUR APPLICATION

The following checklist will assist you in ensuring your application is correctly filed, thereby avoiding unnecessary delays.

- ☐ Submit application(s) to the Municipal Clerk's office. Case numbers will not be issued *prior* to the submittal of your application.
- ☐ Clear copy of Valid Photo Identification (ie driver's license)
- ☐ Applicants are required to be fingerprinted. The PD will contact you to assign a case number. Once a case number is assigned, go to <https://uenroll.identogo.com> and enter the service code **2F17ZY**. When asked for an ORI number, enter **NJ0121500**. Follow the instructions on the website to schedule an appointment for fingerprinting. Once you are fingerprinted e-mail kstepn@northbrunswicknj.gov with your case number, date the fingerprinting was done, and the PCN number from your fingerprint receipt.
- ☐ If utilizing a vehicle, submit copies of Vehicle registration and insurance.



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CANVASSER/SOLICITOR'S LICENSE APPLICATION

Complete all questions and indicate N/A when not applicable

APPLICANT INFORMATION					
Applicant:			SS#:		Driver's Lic. #:
Address:			City:		State: Zip:
Phone #: (h)	(w)		(c)		
Email:					
Height:	Weight:		Hair Color:		Eye Color:
Complexion:		Build:		Scars/Permanent Visible Markings:	
Convictions for any offenses? No <input type="checkbox"/> Yes <input type="checkbox"/> If yes, provide date, location and nature of offense.					
SOLICITING INFORMATION					
Description of products or services to be sold:					
Method of delivery for products:					
Days of solicitation:			Hours of solicitation:		
Proposed Start and End Dates for Solicitation:					
Where will soliciting be conducted? <input type="checkbox"/> Fixed Location <input type="checkbox"/> From vehicle(s) <input type="checkbox"/> Temporary Location <input type="checkbox"/> Door-to-Door					
EMPLOYER INFORMATION					
Employer (Name of company or entity you are soliciting on behalf of)					
Address:			City:		State: Zip:
Contact :	Phone:		Email:		Website:
Your relationship to employer?			Does your service include handling of food? No <input type="checkbox"/> Yes <input type="checkbox"/>		

REFERENCES

List two (2) references :

Name:	Home Address:		
Phone:	City:	State:	Zip:
Name:	Home Address:		
Phone:	City:	State:	Zip:

SIGNATURE & AUTHORIZATION

I certify that I have truthfully and completely furnished all required information. I understand that if any statement made is willfully false or incomplete, I may be subject to penalties as provided by law and have this application denied. I agree to be fingerprinted I understand I will be responsible for the additional administrative cost for such fingerprinting. I also consent to the township's obtaining copies of my driving record, any criminal or disorderly persons conviction offense record, ordinance violations records, law enforcement contact and investigative reports from the official public agency which maintains such records.

Date	Signature of Applicant	Print Name
	_____	_____
Date	Signature of Employer	Print Name
	_____	_____

Payment amount: _____
 Check Number: _____

You can pay online here:
Department: Clerk
Item: Soliciting License
**service fees may apply*

TOWNSHIP OF NORTH BRUNSWICK POLICE DEPARTMENT
710 HERMANN ROAD
NORTH BRUNSWICK, NJ 08902
732-247-0922 ext. 400

Authorization to Obtain Records

This information is to be released to the North Brunswick Police Department

The purpose for such disclosure is to obtain appropriate background information for the township of North Brunswick.

I, _____, hereby authorize to search and furnish any criminal history to the North Brunswick Police and the Municipal Clerk. I also, consent to any release of criminal record information to the Township Council of North Brunswick for final consideration.

Applicant Name _____
Address _____
Home Phone _____
Cell Phone _____
Work Phone _____
Email Address _____
Date of Birth _____
Social Security # _____
Driver's License # _____
DL State & expiration _____

Hair Color _____ **Height** _____
Eye Color _____ **Weight (lbs)** _____

US Citizen ☐ **YES** ☐ **NO**

Place of Birth _____

Applicant signature

Date

Parent/Guardian signature if under 18

Date