



TOWNSHIP OF BLAIRSTOWN

Incorporated 1845

106 Route 94

Blairstown, New Jersey 07825

www.blairstowntownship.org

Office of the Clerk

Telephone (908) 362-6663

Fax (908) 362-9635

APPLICATION FOR BLAIRSTOWN PEDDLING AND SOLICITING LICENSE

(Two completed forms with original signatures and notarization required)

APPLICANT'S NAME _____

ADDRESS _____

FORMER ADDRESS if not living at above address for 3 years

PHONE NO. _____

APPLICANT'S DESCRIPTION: (must include passport size photo)

Date of Birth _____

Sex (M/F) _____

Height _____ Weight _____

Color of Hair _____ Color of Eyes _____

APPLICANT IS EMPLOYED BY OR REPRESENTS: (Company Name & Address)

Length of time employed at company _____

PREVIOUS EMPLOYER if less than 3 years

Application is for the following date(s). Application cannot exceed 3 days.

Name and Address of Manufacturer of Product and Product Description

Method of delivery of product: _____

If vehicle is to be used, description of vehicle and license plate number:

Two sets of fingerprints for Police Department

Date of last application to Township, if any _____

Has a previous license issued to you been revoked (Yes/No)

If yes, why:

If license is approved a fee of \$25.00, made payable to Blirstown Township, is due to the Township Clerk before the license can be issued.

COMPLETE EITHER #1 or #2 WITH NOTARIZED SIGNATURE

- 1 -

As the above name applicant, I hereby certify that I have never been convicted of any crime, misdemeanor or violation of any municipal ordinance of this state or any other state or federal law of the United States.

Signature

Signature must be notarized.

- 2 -

I hereby certify that I have been convicted of a crime under the conditions listed above and the nature of the offense and punishment or penalty for same is listed below.

Signature

Signature must be notarized.