



# TOWNSHIP OF BLAIRSTOWN

*Incorporated 1845*

106 Route 94  
Blairstown, New Jersey 07825  
[www.blairstown-nj.org](http://www.blairstown-nj.org)

Office of the Clerk

Telephone (908) 362-6663  
Fax (908) 362-9635

## APPLICATION FOR BLAIRSTOWN PEDDLING AND SOLICITING LICENSE

**(Two competed 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

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

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Name and Address of Manufacturer of Product and Product Description

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Method of delivery of product: \_\_\_\_\_

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

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Has a previous license issued to you been revoked (Yes/No)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

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**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.