

PERMIT # _____	BOROUGH OF PITMAN Peddlers, Solicitors and Canvassers Vendor's Permit Application	PERMIT EXPIRES: _____
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ALL PERSONS, ORGANIZATIONS, AND CORPORATIONS SEEKING TO PEDDLE, SOLICIT, OR CANVAS WITHIN THE BOROUGH OF PITMAN MUST OBTAIN AND RETURN A COMPLETED APPLICATION TO THE PITMAN POLICE DEPARTMENT, 110 SOUTH BROADWAY, PITMAN, NJ. THE CHIEF OF POLICE (OR HIS DESIGNATE) SHALL APPROVE SUITABLE APPLICATIONS BY SIGNING THE SAME. THE APPLICANT SHALL PRESENT THE SIGNED APPLICATION TO THE BOROUGH CLERK/ADMINISTRATOR BETWEEN THE HOURS OF 8:00 A.M. TO 4:00 P.M. MONDAY THROUGH FRIDAY. AFTER PAYMENT OF THE APPROPRIATE FEE, THE BOROUGH CLERK/ADMINISTRATOR WILL SIGN AND GRANT THE LICENSE. (BORO. ORD. 5-1) No liquid string allowed!

NO PERSON SHALL ENGAGE IN BUSINESS AS A PEDDLER, CANVASSER OR SOLICITOR WITHIN THE BOROUGH OF PITMAN WITHOUT HAVING FIRST OBTAINED A LICENSE IN ACCORDANCE WITH THE PROVISIONS OF THIS CHAPTER AND PAID THE REQUIRED LICENSE FEE. (BORO. ORD. 5-2)

NAME							TELE #		
ADDRESS				CITY		STATE		ZIP	
DATE OF BIRTH		AGE		SOC. #		PLACE OF BIRTH			
SEX	HEIGHT	WEIGHT	EYE COLOR	HAIR COLOR	DRIVERS LICENSE #		STATE		
EMPLOYER/OWNER					ADDRESS				
VEHICLE: YEAR		MAKE	MODEL	COLOR	TAG	STATE			
NAMES OF OTHERS INVOLVED				ADDRESSES			LOCATION OF SALES		
							TYPE OF PRODUCT		

AUTHORIZATION FOR RELEASE OF INFORMATION TO PITMAN POLICE DEPARTMENT.

I, _____, AM AWARE THAT MY BACKGROUND MAY BE INVESTIGATED AND HEREBY AUTHORIZE AND REQUEST THE RELEASE OF ANY AND ALL INFORMATION YOU HAVE CONCERNING ME, EXCLUDING BANK AND/OR SAVINGS AND LOAN ASSOCIATION BALANCES, TO THE PITMAN POLICE DEPARTMENT. I HEREBY DESIGNATE THE PITMAN POLICE AS MY AUTHORIZED REPRESENTATIVE FOR THE PURPOSE OF OBTAINING SUCH INFORMATION.

I HEREBY RELEASE ANYONE ADDRESSED ABOVE, WHO GIVES INFORMATION ABOUT ME IN THE COURSE OF AN INVESTIGATION COVERED BY THIS AUTHORIZATION, FROM ANY AND ALL LIABILITY FOR DAMAGES OF WHATEVER KIND TO ME, MY FAMILY, HEIRS OR ASSOCIATES AS A RESULT OF GIVING SUCH INFORMATION; EXCEPT THAT I DO NOT RELEASE ANYONE WHO GIVES INFORMATION THAT HE KNOWS IS FALSE, DELIBERATELY INTENDING TO HARM ME OR ONE OF MY FAMILY, HEIRS OR ASSOCIATES.

I FURTHER UNDERSTAND THAT IF I KNOWINGLY PROVIDE FALSE INFORMATION ON THIS APPLICATION THAT THE PERMIT OR LICENSE FOR WHICH I APPLY MAY BE REVOKED OR SUSPENDED. (NOTE: FINGERPRINTING OF THE APPLICANT MAY BE REQUIRED AT THE DISCRETION OF THE CHIEF OF POLICE.)

DATE: _____ SIGNATURE _____

***** FOR OFFICE USE ONLY *****

TYPE OF PERMIT: DAILY <input type="checkbox"/> WEEKLY <input type="checkbox"/> YEARLY <input type="checkbox"/>		
FEE EXEMPT: VETERAN <input type="checkbox"/> CHARITABLE ORG/PURPOSE <input type="checkbox"/>		VOL FIRE DEPT <input type="checkbox"/>
BD OF HEALTH CERT. REQUIRED?: YES <input type="checkbox"/> NO <input type="checkbox"/>		AMOUNT COLLECTED: \$ _____
# BADGES NEEDED: _____ (\$25.00 DEPOSIT PER BADGE)		

APPROVAL:

_____ CHIEF OF POLICE	_____ BOROUGH CLERK/ADMINISTRATOR
DATE: _____	DATE: _____