



TOWNSHIP OF RIVERSIDE
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RIVERSIDE, NJ 08075
TEL: 856-461-1460
FAX: 856-461-3260
www.riversidetwp.org

APPLICATION FOR A PEDDLER OR A SOLICITOR LICENSE

NAME OF APPLICANT: _____

PHYSICAL DESCRIPTION

Male Female

Weight: _____

Height: _____

Hair Color: _____

Eye Color: _____

Permanent Home Address: _____

Description of the Nature of Business and the goods, services or wares to be sold: _____

Duration of Business Time and Days of Week: _____

Source of supply, location, and method of delivery of the proposed goods, property and/or services to be sold: _____

ATTACH 3 RECENT PHOTOGRAPHS OF THE APPLICANT WHICH SHALL BE APPROXIMATELY 2X2 INCHES, SHOWING THE HEAD AND SHOULDERS OF THE APPLICANT IN A CLEAR AND DISTINGUISHED MANNER.

THE STATEMENT OF NON CONVICTION MUST ALSO BE COMPLETED.

IF THE APPLICATION IS APPROVED, \$125.00 FEE IS DUE. IF A BACKGROUND INVESTIGATION OR FINGERPRINTING IS WARRANTED, ADDITIONAL FEES MAY BE DUE.

OFFICIAL USE ONLY

Fingerprinting Recommended? YES NO Background Investigation Ordered? YES NO
Result of Investigation: SATISFACTORY NOT SATISFACTORY
APPROVED BY PUBLIC SAFETY DIRECTOR: YES NO
COPY TO POLICE: _____