



# Township of Bernards

Municipal Clerk, 1 Collyer Lane, Basking Ridge, NJ 07920  
 Phone: 908-204-3001; Email: [ckieffer@bernards.org](mailto:ckieffer@bernards.org); Website: [www.bernards.org](http://www.bernards.org)

## **SOLICITOR'S LICENSE APPLICATION FOR SALES OF GOODS AND SERVICES**

*Complete all questions and indicate N/A when not applicable*

Annual Application Fee: <input type="checkbox"/> \$100	(license expire on 12/31 of the year of issuance)
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### APPLICANT INFORMATION

Applicant:		SS #:		Driver's License #:	
Address:			City:		State:
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:	
Source of supply of products:	
Days of solicitation:	Hours of solicitation:
List the streets or locations where you will be soliciting:	
Where will soliciting be conducted? <input type="checkbox"/> From vehicle(s) <input type="checkbox"/> Temporary Location <input type="checkbox"/> Door-to-Door	
<input type="checkbox"/> Fixed Location (Provide Address):	

### EMPLOYER INFORMATION

Employer (Name of company or entity you are soliciting on behalf of)			
<i>(Partners and members of limited liability companies must each submit a completed and signed Page 3 of this application)</i>			
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		
<p><i>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 consent to a Criminal History Name Check in connection with a Criminal Background Check. I agree to be fingerprinted if required, and 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 pubic agency which maintains such records.</i></p>		
Date	Signature of Applicant	Print Name
Date	Signature of Employer	Print Name

**COMPLETE THE CHECKLIST LOCATED ON THE LAST PAGE AND SUBMIT WITH THIS APPLICATION TO: BERNARDS TOWNSHIP MUNICIPAL CLERK, 1 COLLYER LANE, BASKING RIDGE, NJ 07920**  
**Phone: 908-204-3001, Email: [ckieffer@bernards.org](mailto:ckieffer@bernards.org)**



*Do not write below this line - for internal use only*

For Internal Use Only - Do Not Write Below This Line:	DATE	SIGNATURE
Initial Review by Municipal Clerk:		
Approval by Zoning Officer:		
Approval by Police Department:		
Approval by Health Officer:		
Approval by Municipal Clerk:		
License Number Issued:		

***If Applicant is Soliciting on Behalf of a Limited Liability Company,  
Each Partner and Member of the LLC Must Submit This Page***

Applicant:		Driver's License #:			
Address:		City:		State:	Zip:
Phone #:	(h)	(w)	(c)		
Email:					
<p><i>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 consent to a Criminal History Name Check in connection with a Criminal Background Check. I agree to be fingerprinted if required, and 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.</i></p>					
<i>Date</i>	<i>Signature</i>			<i>Print Name</i>	

**BEFORE YOU SUBMIT YOUR APPLICATION**

- The following checklist will assist you in ensuring your application is correctly filed, thereby avoiding unnecessary delays.
- All applicants shall be subjected to the following:
  - Criminal History Name Check in Connection with Criminal Background Check – The Chief of Police shall accept the results of a Criminal History Name Check conducted within the previous 6 months indicating no disqualifying information from another municipality. If the Criminal History Name Check is older than 6 months, then application must log onto <https://www.njportal.com/njsp/criminalrecords/>. Click onto **form 212A**. Enter **NJ0180200** and fill in personal information. Under “Reason for Filing Request” choose **Local Ordinance**. E-mail [fingerprinting@bernardspd.org](mailto:fingerprinting@bernardspd.org) with the date that the online form was completed. Please include your name, phone number, and company name in the e-mail. The criminal history results will be sent to the Bernards Township Police Department.
  - Fingerprinting – Applicant **may** be required to be fingerprinted if the identity of the applicant is unable to be confirmed or matched to a Criminal History Name Check. Obtain a case number by e-mailing [fingerprinting@bernardspd.org](mailto:fingerprinting@bernardspd.org). Please include your name, phone number, and company name in the e-mail. A return e-mail will have your case number for your records. A case number can also be obtained by coming to police headquarters at 1 Collyer Lane, Basking Ridge NJ 07920, during business hours. (Monday-Friday 8:30 AM to 4:30 PM). Go to <https://uenroll.identogo.com> and enter the service code 2F17ZY. If the application asks for an ORI number, please enter NJ0180200. Follow the instructions on the website to schedule an appointment for fingerprinting. Once you are fingerprinted e-mail [fingerprinting@bernardspd.org](mailto:fingerprinting@bernardspd.org) with your **case number, date the fingerprinting was done, and the PCN number from your fingerprint receipt**.
- You must submit the completed checklist below as well as the items listed in it. If any of the checklist items are not applicable to your application, indicate N/A in the checkbox.

**CHECKLIST and SUBMISSIONS**

<input type="checkbox"/>	<b>CRIMINAL HISTORY NAME CHECK.</b> <i>Have you complete Form 212A?</i>
<input type="checkbox"/>	<b>SOLICITING LICENSE APPLICATION.</b> <i>Are all questions answered? Is the application signed? If the entity you are soliciting for is a LLC, did each partner and member submit a complete and sign Page 3 of this application?</i>
<input type="checkbox"/>	<b>LICENSE FEE.</b> <i>Cash, Money Order or Check made payable to “Bernards Township” for \$100.</i>
<input type="checkbox"/>	<b>ONE PASSPORT PHOTOGRAPH, 2” x 2”</b> showing head and shoulders. <i>Is photo attached?</i>
<input type="checkbox"/>	<b>SALES TAX CERTIFICATE.</b> <i>Is certificate attached?</i>
<input type="checkbox"/>	<b>REGISTRATION, INSURANCE and DRIVER’S LICENSE.</b> <i>Are documents up-to-date? Are copies attached?</i>
<input type="checkbox"/>	<b>BERNARDS TOWNSHIP HEALTH DEPARTMENT’S LICENSE FOR SALE OF FOOD OR ICE CREAM PRODUCTS,</b> if applicable. <i>Is license current? Is a copy attached?</i>
<input type="checkbox"/>	<b>EMPLOYMENT ID OR OTHER CREDENTIALS</b> if applicant is soliciting on behalf of another. <i>Is documentation attached, signed by an authorized employer representative?</i>
<input type="checkbox"/>	<b>VETERAN’S PEDDLER’S LICENSE,</b> if applicable. <i>Is a copy attached?</i>
<input type="checkbox"/>	<b>CHECKLIST.</b> <i>Have you completed this checklist, answered all questions, and attached to application?</i>

