



# Township of Bernards

Municipal Clerk, 1 Collyer Lane, Basking Ridge, NJ 07920  
 Phone: 908-204-3001; Fax: 908-204-3015; 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 year of issuance)
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APPLICANT INFORMATION					
Applicant:			SS#:		Driver's Lic. #:
Address:			City:		State: Zip:
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:					
Days of solicitation:			Hours of solicitation:		
List the streets or locations where you will be soliciting:					
Where will soliciting be conducted? <input type="checkbox"/> Fixed Location <input type="checkbox"/> From vehicle(s) <input type="checkbox"/> Temporary Location <input type="checkbox"/> Door-to-Door					
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 &amp; AUTHORIZATION

*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 agree to be fingerprinted 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.*

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
Approval by Municipal Clerk:		
Approval by Zoning Officer:		
Approval by Police Department:		
Approval by Health Officer:		
Township Committee Approval:		
License Number Issued:		
cc: [ ] Applicant [ ] Police Department		

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

Applicant:		SS#:	Driver's Lic. #:	
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 agree to be fingerprinted 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>				
Date	Signature	Print Name		
	_____	_____		

**BEFORE YOU SUBMIT YOUR APPLICATION**

- The following checklist will assist you in ensuring your application is correctly filed, thereby avoiding unnecessary delays.
- Submit application(s) to the Municipal Clerk's office. Case numbers will not be issued *prior* to the submittal of your application. 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 the applicant 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. The PD will contact you to assign a case number. Once a case number is assigned, go to <https://uenroll.identogo.com> and enter the service code **2F17ZY**. When asked for an ORI number, 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>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.” \$100 per solicitor, expires 12/31 in the year obtained.</i>
<input type="checkbox"/>	<b>THREE PASSPORT PHOTOGRAPHS, 2” x 2”</b> showing head and shoulders. <i>Are photos attached?</i>
<input type="checkbox"/>	<b>DECLARATION PAGE OF BUSINESS INSURANCE POLICY.</b> <i>Is policy current? Is page 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 AND 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>