

HAZLET TOWNSHIP - SOLICITOR'S PERMIT APPLICATION

HOURS OF SOLICITATION

9:00 A.M. TO 9:00 P.M.

NAME , ADDRESS AND PHONE NUMBER OF APPLICANT: _____

NAME AND ADDRESS OF ORGANIZATION: _____

DATE LICENSED REQUIRED: FROM: _____ TO: _____

NATURE OF BUSINESS OR GOODS TO BE SOLD: _____

NAMES AND ADDRESSES OF OFFICER OR DIRECTORS OF ORGANIZATION:

ARE ORDERS TO BE TAKEN FOR FUTURE DELIVERY OF GOODS OR PERFORMANCE OF SERVICES? IF YES, GIVE NAME AND ADDRESS OF THE AGENT OR PERSON DESIGNATED TO RECEIVE SERVICE OF PROCESS OR COMPLAINTS IN THE STATE OF NEW JERSEY.

LIST BELOW THE NAMES AND ADDRESSES OF REPRESENTATIVE(S) SOLICITING:

Sworn and subscribed before me
a Notary Public of New Jersey
this ___ day of _____, 20__.

Signature of Applicant and Date

Approved _____ Disapproved _____ Date _____

Chief of Police

Clerk's Office:

License Number : _____ Date: _____ By: _____

Fee: _____ Expiration Date: _____