

ANDOVER TOWNSHIP
COUNTY OF SUSSEX, STATE OF NEW JERSEY

APPLICATION FOR PERMIT

Please check all that apply:

PEDDLERS

SOLICITORS

Applicant Information

Full Name: _____

Email Address: _____ Cell Phone Number: _____

Address: _____

If less than two (2) years at the above address, please provide previous address and length of residency:

Age: _____ Date of Birth: _____ Social Security Number: _____

Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____

Complexion: _____

Driver's License No. _____ Expiration Date _____

Firearms Identification Card Number: _____

Business Information

Describe briefly the nature of your business and the goods to be sold:

Employer: _____ Name of Firm: _____

Telephone Number: _____

Address of Firm: _____

Owner of Vehicle: _____ Body Type: _____

Make, Model and Year: _____ Color: _____

License Plate Number: _____ State: _____

References:

Name, Address and Telephone Number:

1. _____

2. _____

3. _____

Name of New Jersey Municipalities in which you have solicited in the past six (6) months:

1. _____
2. _____
3. _____

Have you been convicted of a violent crime, misdemeanor or violation of a municipal ordinance?

No

Yes

If yes, explain:

I do so solemnly swear that all of the statements contained in the foregoing application are true and correct, and I further understand any false statement will result in the immediate forfeit of the permit issued to me.

Date: _____

Print Name: _____

Signature: _____

Please submit the following to Andover Township:

1. Two (2) recent photographs, approximately 2 inches by 2 inches, showing head and shoulders
2. Three (3) copies of the completed application

Permit will not be granted until the Police Department has completed any investigation deemed advisable

No permit is issued for a period exceeding one (1) year

All permits expire December 31 of the year of issuance

Hours permitted:

9:00 AM – 9:00 PM, Monday through Saturday

***Sales are not permitted on Sundays and Holidays ***

POLICE DEPARTMENT

The completed application is to be brought to the Andover Township Police Department Records Clerk. Please call 973-300-0462 to schedule an appointment. A form will be provided by the Records Clerk with a Department Case Number for the applicant to schedule an appointment to be fingerprinted through IdentoGo. Once results are received by the Police Department, the application will be approved or rejected and forwarded to the Township Administrator

Approved Rejected

Reason for rejection:

Date

Eric Danielson, Chief of Police

TOWNSHIP

Fee Paid: \$ _____

License/Permit No. _____

Date Issued: _____

Expiration Date: _____

Approved Rejected

Date

Patricia L. Bussow, RMC/CMR
Township Administrator/Municipal Clerk