

**BOROUGH OF LODI**

**ORD. 2013-01**

**APPLICATION FOR CANVASSING, SOLICITING  
AND PEDDLING**

Application must be filed at least (90)days in advance of the time such canvassing or soliciting is to commence.  
Fingerprinting is required.

Application Fee: \$100.00

Once application is approved a separate license fee is required in the amount of \$100.00 for each additional agent or employee.

NAME OF APPLICANT: \_\_\_\_\_

ADDRESS OF APPLICANT: \_\_\_\_\_

APPLICANT'S ADDRESS FOR THE PAST THREE (3) YEARS: \_\_\_\_\_  
\_\_\_\_\_

TELEPHONE NUMBER OF APPLICANT: \_\_\_\_\_

FAX NUMBER: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

NATURE AND DESCRIPTION MERCHANDISE OR SERVICE: \_\_\_\_\_  
\_\_\_\_\_

LENGTH OF TIME FOR WHICH LICENSE IS DESIRED: \_\_\_\_\_

PLACE WHERE THE GOODS, MERCHANDISE OR PROPERTY TO BE SOLD OR OFFERED  
FOR SALE ARE MANUFACTURED OR PRODUCED, WHERE SUCH GOODS,  
MERCHANDISE OR PROPERTY ARE LOCATED AT THE TIME SUCH APPLICATION IS  
FILED AND THE PROPOSED METHOD OF DELIVERY: \_\_\_\_\_

EMPLOYER'S NAME: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_

TELEPHONE NUMBER OF BUSINESS: \_\_\_\_\_

BUSINESS FAX NUMBER: \_\_\_\_\_

BUSINESS E-MAIL ADDRESS: \_\_\_\_\_

HAS APPLICANT EVER BEEN CONVICTED OF A CRIME, MISDEMEANOR OR VIOLATION  
OF ANY ORDINANCE CONCERNING CANVASSING OR SOLICITING, ANYWHERE:

YES \_\_\_\_\_ NO \_\_\_\_\_

If Yes, When and Where and Nature of Offense: \_\_\_\_\_  
\_\_\_\_\_

NAME OF OTHER COMMUNITIES IN N.J. IN WHICH APPLICANT HAS WORKED AS A  
SOLICITOR OR CANVASSER IN THE PAST TWO (2) YEARS: \_\_\_\_\_  
\_\_\_\_\_

ATTACH LETTER FROM EMPLOYER CERTIFYING THAT APPLICANT IS AUTHORIZED TO ACT AS REPRESENTATIVE FOR EMPLOYER: \_\_\_\_\_

IF USING VEHICLE LIST: YEAR & MAKE OF VEHICLE \_\_\_\_\_

MODEL NUMBER & VEHICLE STYLE: \_\_\_\_\_

LICENSE PLATE NUMBER: \_\_\_\_\_

COLOR OF VEHICLE: \_\_\_\_\_

DESCRIPTION OF APPLICANT:

AGE: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

PLACE OF BIRTH: \_\_\_\_\_

HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_ COLOR OF EYES: \_\_\_\_\_

COLOR OF HAIR: \_\_\_\_\_ COMPLEXION: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_

DRIVER'S LICENSE NUMBER: \_\_\_\_\_ STATE: \_\_\_\_\_

SUBMIT TWO (2) PHOTOGRAPHS \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF APPLICANT

FEE \$ \_\_\_\_\_ NON-FEE (VETERANS) \$ \_\_\_\_\_

POLICE APPROVAL \_\_\_\_\_

HEALTH APPROVAL ( If applicable) \_\_\_\_\_