

Permit No. \_\_\_\_\_  
Issued \_\_\_\_\_  
Fee \_\_\_\_\_

**ELIZABETH TOWNSHIP**

**Application for Door-to-Door Solicitation to Conduct Non-Retail Business**

Name \_\_\_\_\_ Address \_\_\_\_\_  
Telephone (\_\_\_\_) \_\_\_\_\_  
Criminal Record N \_\_\_ Y \_\_\_ (IF YES ATTACH SEPARATE SHEET WITH DESCRIPTION)  
Owner's Name \_\_\_\_\_ Address \_\_\_\_\_  
Business Name \_\_\_\_\_  
Telephone (\_\_\_\_) \_\_\_\_\_ Length of Time for Permit \_\_\_\_\_  
Purpose for Permit \_\_\_\_\_  
Type of Vehicle: Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_ Color \_\_\_\_\_  
License No. \_\_\_\_\_ State \_\_\_\_\_

Associates:

<u>Name</u>	<u>DoB</u>	<u>SS#</u>	<u>Address</u>	<u>Phone</u>	<u>Vehicle</u>	<u>License No.</u>

Fee \$100.00 per week per solicitor or \$200.00 for four months per solicitor.  
Time Limitation: 9:00a.m. to 7:00 p.m. Monday thru Friday. No person shall engage in any door to door solicitation within the Township on Saturday or Sunday. Provide copy of Driver's License.

*The applicant hereby agrees to comply with the provisions of all laws and Ordinances regulating this permit in the Township of Elizabeth*

Applicant's Signature \_\_\_\_\_

Please allow 24 hrs. for performing background checks.  
Falsification or Omission of any information on this document is reason to deny permit.