

**Application for Licensing of Solicitors,
Canvassers and Peddlers
In Compliance with Montague Township
Ordinance #81-11**

The applicant shall file a sworn, written application, in duplicate with the Township Clerk during regular business hours.

1. Name of Applicant _____
2. Address of Present Residence _____

3. Length of Residence at such Address _____
4. Business Address if other than Present Address _____

5. Address of Place of Residence during the past three years if other than the Present Address _____

6. Age of Applicant _____ Date of Birth _____
7. Physical Description of Applicant _____

8. Name and Address of the Person, Firm or Corporation by whom the Applicant is employed or who the Applicant represents

 - (A) Length of Time at such Employment or Representation

 - (B) If a Corporation, the Name and Address of the Registered Agent

9. Name and Address of Employer during the past three years if other than Present Employer

10. Description sufficient for Identification of the subject matter of the Soliciting, Canvassing or Peddling in which the Applicant shall engage

11. Actual Dates when Soliciting, Canvassing or Peddling shall take place

12. If goods are to be sold or orders taken therefore, the Names and Address where such goods are manufactured or produced and the proposed method of delivery

13. If a vehicle or vehicles are to be used, a Description including the License Number(s)

14. The Date of the latest previous Application for License under this Ordinance, if any

15. Has a License issued to the Applicant under this Ordinance very been revoked?

16. Have you ever been convicted of any Crime, Misdemeanor or Violation of any Municipal Ordinance of this State or any other State or Federal Law of the United States and, if so, the nature of the offense and the punishment or penalty assessed therefor

Attached hereto are:

- a) **Passport Photograph of the Applicant taken within sixty (60) days**
- b) **Two sets of fingerprints of the Applicant**
- c) **Fee of \$20.00 enclosed, either cash or check**

Signature of Applicant _____

Date of Application _____

Applicant's Social Security Number _____

Sworn and subscribed before me
this **day of** **, 20** ____

A Notary Public of _____
My Commission Expires _____