

PERMIT NUMBER: _____

DATE APPROVED _____

EXPIRES: _____

within calendar year _____

THIS IS A PERMIT FOR SOLICITATION. IT DOES NOT CONSTITUTE AN ENDORSEMENT.

MARLBORO TOWNSHIP
 1979 TOWNSHIP DRIVE
 MARLBORO, NJ 07746-2299

FEE: _____

\$50 permit

\$25 renewal

Valid 90 days

IF NON-PROFIT — PROOF REQUIRED

Attach picture of solicitor here. Face must be clearly visible and in color.

Name of Solicitor: _____

Address: _____

Phone: _____ Email: _____

Name of organization: _____

Contact Person: _____

Phone: _____ Email: _____

Name and address of officer and/or director of organization: _____

Nature of merchandise to be sold or offered for sale: _____

Dates that solicitation will occur: _____

Hours that solicitation will occur: _____

I, _____ (please print name) have read and agree to the terms below.

Sign: _____ Date: _____

THIS APPLICATION IS TO BE ACCOMPANIED BY A LETTER FROM THE INDIVIDUAL, FIRM OR CORPORATION EMPLOYING THE APPLICANT, CERTIFYING THAT THE APPLICANT IS AUTHORIZED TO ACT AS THE EMPLOYERS REPRESENTATIVE.

APPROVED SOLICITORS MUST ADVISE THE POLICE DEPARTMENT (732-536-0100) EACH DAY BEFORE CONDUCTING ANY SOLICITATION.

THE LICENSE WILL NOT BE USED OR REPRESENTED IN ANY WAY AS AN ENDORSEMENT OF THE PROPOSED CANVASSER, PEDDLER, SOLICITOR OR HAWKER BY THE TOWNSHIP OF MARLBORO OR BY ANY OF ITS OFFICERS OR DEPARTMENTS

ALL APPLICANTS MUST COMPLETE A MARLBORO TOWNSHIP POLICE DEPARTMENT RECORDS RELEASE AUTHORIZATION FORM. APPLICANTS MUST SUBMIT COMPLETED FORM TO THE POLICE DEPARTMENT AND PICK UP FINGER PRINTING SCHEDULE FORM IN ORDER TO SCHEDULE FINGER PRINTING AND INITIATE BACKGROUND CHECK.

271-3 G: The applicant shall supply three photographs, two inches wide by two inches high, showing the head and shoulders of the applicant, before a permit shall be issued, and one photograph shall be attached to the permit.

271-3 H: Each applicant shall arrange an appointment with the private fingerprinting vendor authorized by the State of New Jersey Department of Education. Fingerprinting shall be at the cost of the applicant.

271-6 A: All activities conducted under the authority of this chapter shall take place between the hours of 10:00 a.m. and 9:00 p.m. No activity shall be conducted on legal holidays and Sundays. A canvasser, solicitor, peddler or hawker shall not enter or remain upon any resident's property upon which it is posted that solicitors are not permitted or a notice of similar

271-11: Any person violating any of the provisions of this chapter shall, upon conviction thereof, be punished as provided in 4-3 of the Code.

Note: Shaded areas for Marlboro Township official use.

NOT VALID WITHOUT MARLBORO TOWNSHIP BUSINESS ADMINISTRATOR APPROVAL AND SIGNATURE.

Application Approved: Not Approved:

Investigator _____

SIGN _____

DATE _____

Marlboro Township Police Department

Solicitor Application Check List

Use this form to ensure that the solicitor license application is completed.

_____	_____	_____
Applicant Name:	DOB:	SOC #
_____	_____	_____
Street Address	City	State

- Applicant has been given the proper solicitor license application from the Township Business Administrator.
- Create an incident for a background check.
- Provide the applicant with the IDENTOGO Bioapplicant form.
- Ensure that in Box #7 the incident number is entered.
- Ensure that the applicant has signed the Records Release Form.
- Ensure that the applicant has provided proper identification.
- Complete a Confidential Information Records Check Form.
- Inform the applicant that they need to make an appointment with IDENTOGO to have fingerprints taken.
- Conduct background check.
- Upon completion of the background close out the incident with the results.
- Send Interoffice Memo to Investigations Supervisor.

Date Completed: _____

Completed by: _____
Officer Name & Badge Number



DIVISION OF POLICE

Township of Marlboro
1979 Township Drive
Marlboro Township, NJ 07746
732-536-0100
Fax: 732-972-7522



Peter J. Pezzullo
CHIEF OF POLICE
732-536-0100 Ext. 1673

MARLBORO TOWNSHIP POLICE DEPARTMENT

RECORDS RELEASE AUTHORIZATION

I, _____, am making application to the Township of Marlboro for a Mercantile License and or Solicitor License. I understand that as a result of my request the Marlboro Township Police Department will conduct a background investigation to determine my eligibility to conduct business within Marlboro Township.

I hereby authorize the Marlboro Township Police Department and any Law Enforcement Agency or related facility to release any record or knowledge concerning any criminal contacts and or arrests to the Marlboro Township Police Department. I respectfully request and authorize you to release to the Marlboro Township Police Department or its representatives, any and all information, documentary or otherwise that they may ask for concerning me.

I hereby release, discharge, and exonerate the Marlboro Township Police Department, its agents or representatives, and any person so furnishing information, from any liability of every nature and kind arising out of the furnishing, inspections, or collection of such documents, records, and other information for the investigation made by the Marlboro Township Police Department.

A copy or facsimile of this authorization will be considered as effective and valid as the original. The original of this form is maintained at the Marlboro Township Police Department and will be made available upon demand. This authorization, or a reproduction thereof, shall be valid for a period of one year from the date of execution of this document.

Name: _____

Address: _____

City: _____ State: _____ Zip _____

Date of Birth: _____ SS # _____

Telephone No. _____

Driver's License No. _____ State _____

Signature of applicant

Date

For Office Use:

Checked by: _____

Date: _____



DIVISION OF POLICE

Township of Marlboro
1979 Township Drive
Marlboro Township, NJ 07746
732-536-0100
Fax: 732-972-7522



Peter J. Pezzullo
CHIEF OF POLICE
732-536-0100 Ext. 1673

CONFIDENTIAL INFORMATION

RECORD CHECK

A Marlboro Township Police Department records check was conducted on the follow person:

Last Name		First Name		Middle
Address (# and Street)		City	State	Zip Code
Date of Birth	SS#	Driver's License #		DL State

This police records check is only a local Marlboro Township Police Department file search.

As respects the above named person, this letter certifies that:

- No criminal contact history exists with our department.
- A criminal contact history exists with our agency.
 - A total of _____pages are available.

**To request these additional pages, please complete an Open Public Records Act Request Form (OPRA), which is located on our website Marlboropd.org under the downloadable forms tab. Once completed, please return your request to our Records Bureau (732-536-1572).

Our file search is limited to electronic inquiry only and the criteria for the records search is based solely on the information provided by the applicant.

If we can be of further assistance, please call 732-536-0100.

File Search

Completed by: _____ Date: _____

Marlboro Township Police Department
1979 Township Drive
Marlboro, NJ 07746