

**BOROUGH OF MOONACHIE
BERGEN COUNTY, NEW JERSEY**

LICENSE NO. _____
(for office use only)

**APPLICATION FOR SOLICITORS AND CANVASSERS LICENSE IN ACCORDANCE
WITH SECTION 4-4 OF THE BOROUGH OF MOONACHIE.**

Date _____

NAME _____ DATE OF BIRTH _____
TRADE NAME OF
BUSINESS _____

ADDRESS _____
Street Town State Zip

BUSINESS TELEPHONE NO. _____
SOCIAL SECURITY NO. _____
LOCATION OF BUSINESS _____
CHARACTER OF BUSINESS _____
NAME AND ADDRESS OF SUPPLIER _____

DAYS OF WEEK AND HOURS OF DAY ACTIVITY WILL BE CONDUCTED: _____

APPLICANT'S TAX RESALE NUMBER _____

HAS APPLICANT REGISTRATION BEEN REVOKED OR SUSPENDED ELSEWHERE? _____

IF YES, WHERE? _____

IS APPLICANT EMPLOYED BY ANOTHER? YES ___ NO ___, IF YES, STATE

NAME AND ADDRESS OF THE EMPLOYER TOGETHER WITH CREDENTIALS ESTABLISHING THE
EXACT RELATIONSHIP _____

LIST OTHER MUNICIPALITIES WHERE APPLICANT IS LICENSED TO DO
BUSINESS: _____

DESCRIPTION OF VEHICLE _____ LICENSE PLATE NO. _____

I, HEREBY, CERTIFY THAT THE INFORMATION FURNISHED HERewith IS TRUE AND COMPLETE TO
BEST OF MY ABILITY.

_____ DATE _____

Signature of Applicant

LICENSE PROCESSING FEE \$10.00 LICENSE \$43.00

APPROVED BY _____

POLICE CHIEF

SUBMIT A COPY OF YOUR :

- N.J. TAX SALES CERTIFICATE
- CURRENT DRIVERS LICENSE
- CURRENT VEHICLE REGISTRATION(S)
- CURRENT INSURANCE CARD(S)