

## PROCEDURE FOR APPLYING FOR A SOLICITOR PERMIT

**BOROUGH OF MOUNTAIN LAKES**  
**Borough Clerk's Office (973-334-3131 ext. 2006)**  
[clerk@mtnlakes.org](mailto:clerk@mtnlakes.org)

1. Complete the attached application form and submit it to the Borough Clerk's Office with the appropriate fee (cash or check made payable to the Borough of Mountain Lakes). A copy of your **NJ Sales Tax Certificate of Authority** must accompany the application, as well as **two passport size photographs**. The fee is \$25 per applicant. Fees are non-refundable.

**Note:** *A business must complete and file Form NJ-REG (Business Registration Application) to register with the State to collect/remit New Jersey taxes such as sales tax or employee withholdings, and to obtain a New Jersey tax identification number. You can register a business online or file a paper application. For additional information on registering your business visit: <http://www.state.nj.us/treasury/revenue/gettingregistered.htm>*

**Solicitor Licenses expire December 31st and are subject to renewal in the following year.**

<b>CHECK</b>	<input type="checkbox"/>	Application fee
	<input type="checkbox"/>	Copy of NJ Sales Tax Certificate of Authority
	<input type="checkbox"/>	Two (2) photographs
<b>If applicable:</b>	<input type="checkbox"/>	Copy of valid Vehicle Registration
	<input type="checkbox"/>	Copy of valid Driver's License
	<input type="checkbox"/>	Credentials establishing relationship with

# BOROUGH OF MOUNTAIN LAKES

## APPLICATION FOR A SOLICITOR'S PERMIT

All applicants are subject to the requirements of the Borough of Mountain Lakes' Ordinance for Solicitation (Chapter 177)

LICENSE PERIOD: JANUARY 1 THROUGH DECEMBER 31      YEAR: \_\_\_\_\_

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

PHONE NUMBER: \_\_\_\_\_      EMAIL: \_\_\_\_\_

NAME, ADDRESS TELEPHONE NUMBER OF EMPLOYER, IF ANY, WITH CREDENTIALS SHOWING THE EXACT REALTIONSHIP:

\_\_\_\_\_

STATE BRIEFLY NATURE OF BUSINESS AND DESCRIPTION OF MERCHANDISE OR SERVICE TO BE SOLD:

\_\_\_\_\_

DATES SOLICITING WILL TAKE PLACE: \_\_\_\_\_

DESCRIPTION OF APPLICANT:

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

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

EYE COLOR: \_\_\_\_\_

HAIR COLOR: \_\_\_\_\_

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

IF VEHICLE IS TO BE USED, DESCRIPTION OF SAME & LICENSE PLATE STATE AND NUMBER:

Year	Make/Model	Color	License Plate State/Number
------	------------	-------	----------------------------

WAS APPLICANT EVER CONVICTED OF ANY CRIME, MISDEMEANOR, OR MUNICIPAL ORDINANCES:

YES OR NO: \_\_\_\_\_

If YES, STATE NATURE OF OFFENSE, DATE, ETC.: \_\_\_\_\_

**PLEASE BE ADVISED THAT NO SOLICITATION SHALL BE CONDUCTED BEFORE 10AM OR AFTER 9PM**

**A COPY OF THE DO NOT SOLICIT LIST WILL BE PROVIDED. FAILURE TO ADHERE TO THE DO NOT SOLICIT LIST MAY RESULT IN FORFEITURE OF SOLICITATION PERMIT**

**SOLICITORS MUST HAVE A COPY OF THE REGISTRATION WITH THEM AND VISIBLE IDENTIFICATION ON THEIR PERSON AT ALL TIMES WHILE SOLICITING IN THE BOROUGH**

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

APPROVED    YES     NO

APPROVED BY \_\_\_\_\_

DATE \_\_\_\_\_