

PROCEDURE FOR APPLYING FOR A SOLICITOR PERMIT

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

Complete the attached application form and make **appointment** (email clerk@mtnlakes.org) to 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.

CHECK	<input type="checkbox"/>	Application fee (\$25.00 per applicant)
	<input type="checkbox"/>	Copy of NJ Sales Tax Certificate of Authority
	<input type="checkbox"/>	Two (2) photographs
If applicable:	<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
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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 _____