



JAMES GASPARINI
MAYOR

TOWNSHIP OF FAIRFIELD

230 FAIRFIELD ROAD, FAIRFIELD, NJ 07004

PHONE: 973-882-2700 DEPT. EXT. 2501

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MUNICIPAL CLERK/VITAL STATISTICS

Application for Solicitor's License

1. Applicant's Name: _____

2. Permanent Address: _____

3. Home Telephone #: _____

4. If Applicant is a corporation, complete the following:

Name: _____

Address: _____

** Attach a list of names and addresses of the employee/agents who will be conducting business under this license within Fairfield.

5. List place of residence where applicant has lived or conducted business for the past three (3) years.

6. List of municipalities in New Jersey where applicant has solicited business in past three (3) years.

7. Describe the purpose for the solicitation.

8. Dates planned for above solicitation (allowed 1 month): _____

9. List three (3) persons, not related to, or business associates who can attest to applicant's reputation for honesty, integrity and financial responsibility. Please include contact telephone numbers.

10. Has the applicant ever been convicted of any violation of municipal ordinance, state or federal law? If yes, explain.

11. If a motor vehicle will be used in connection with this license, list the names, addresses and driver's license numbers of all persons using said vehicle, all convictions for motor vehicle violations for the past five (5) years and all convictions for criminal offenses.

12. Applicant must submit proof of insurance coverage in the minimum amounts of \$100,000 per person/\$300,000 per occurrence for general liability and \$50,000 for property damage naming the Township of Fairfield as "additional insured".

13. A **\$200.00 fee** is required made payable to the "Township of Fairfield".