



**Office of the Clerk**  
**Roseland Municipal Building**  
140 Eagle Rock Avenue  
Roseland, NJ 07068  
973-403-6029  
[jwatkins@roselandnj.org](mailto:jwatkins@roselandnj.org)

APPLICATION FOR SOLICITATION LICENSE  
(Type or print with ink only)

Name of Applicant \_\_\_\_\_

Nature of Business \_\_\_\_\_

Product to be Sold \_\_\_\_\_

Dates Requested (Max. 3 Mos.) \_\_\_\_\_

Permanent Address \_\_\_\_\_

Telephone Number \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Color: Eyes \_\_\_\_\_ Hair \_\_\_\_\_

Driver's License Number \_\_\_\_\_ State Issued \_\_\_\_\_

Social Security Number \_\_\_\_\_

Are you a United States Citizen (If No, Please Explain) \_\_\_\_\_

Vehicle Used: Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_

Color \_\_\_\_\_ License Plate # \_\_\_\_\_ State Issued \_\_\_\_\_

Insurance Carrier \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

If Not Self-employed, List Corporation, Company, Firm, Partnership or Employer

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number \_\_\_\_\_

List Municipalities in Which Applicant Has Ever Engaged In Said Activities and Indicate Whether A Permit Was Applied For, Received, Denied or Revoked \_\_\_\_\_

Has Applicant Been Convicted Of Any Crime, Misdemeanor, Disorderly Persons Offense, Or Traffic Offense? If Yes, Attach Details \_\_\_\_\_

Two (2) Photos (2 1/2 x 2 1/2) of Applicant Taken Within Sixty (60) Days Prior to Application, Must be Attached to Application.

The facts set forth in this application are true and complete. I understand that false statements on this application shall be considered sufficient cause for denial, suspension, or revocation of my license. I also understand that if any of the statements made are false, I may be subject to criminal prosecution under the laws of the State of New Jersey.

I hereby agree to abide by and accept all the terms, conditions, limitations and restrictions contained in the ROSELAND Ordinances.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

**Sworn and subscribed to before me this**  
\_\_\_\_ day of \_\_\_\_\_, 2016.

[SEAL]

\_\_\_\_\_  
**Notary Public**

Municipal Fee Paid \_\_\_\_\_ Date \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE - OFFICE USE ONLY**

CHIEF OF POLICE: The Above Named Person and Firm Have Been Investigated For Character And Business Responsibility.

The Application Is Approved \_\_\_\_\_

The Application Is Disapproved Because \_\_\_\_\_

Chief of Police \_\_\_\_\_ Date \_\_\_\_\_.

ROSELAND POLICE DEPARTMENT  
19 HARRISON AVENUE  
ROSELAND, NEW JERSEY 07068

SOLICITATION LICENSE APPLICANT  
AUTHORIZATION FOR RELEASE OF INFORMATION

I, \_\_\_\_\_, HAVE MADE APPLICATION WITH ROSELAND FOR A SOLICITATION LICENSE. THE ROSELAND POLICE DEPARTMENT NEEDS TO THOROUGHLY INVESTIGATE MY BACKGROUND AND PERSONAL HISTORY TO EVALUATE MY QUALIFICATIONS TO OBTAIN A SOLICITATION LICENSE. IT IS IN THE PUBLIC INTEREST THAT ALL RELEVANT INFORMATION CONCERNING MY PERSONAL AND EMPLOYMENT HISTORY BE DISCLOSED.

I, \_\_\_\_\_, HEREBY AUTHORIZE AND DIRECT THE RELEASE OF ANY INFORMATION OR RECORDS IN YOUR FILES THAT PERTAIN TO ME, WHETHER SAID INFORMATION OR RECORDS ARE PUBLIC, PRIVATE, OR CONFIDENTIAL IN NATURE AND I HEREBY DIRECT YOU TO RELEASE SUCH INFORMATION. IT IS MY SPECIFIC INTENT TO PROVIDE ACCESS TO PERSONNEL INFORMATION, HOWEVER PERSONAL OR CONFIDENTIAL IT MAY APPEAR TO BE.

I HEREBY RELEASE YOU, THE AGENCY, AND OR EMPLOYEES OF YOUR ORGANIZATION (IF APPLICABLE) HARMLESS FROM ANY AND ALL CLAIMS AND LIABILITY ASSOCIATED WITH THE RELEASE OF INFORMATION OR WITH ANY DECISION BY THE ROSELAND POLICE DEPARTMENT AND THE MUNICIPALITY OF ROSELAND WHETHER OR NOT THEY ISSUE ME A SOLICITATION LICENSE.

I UNDERSTAND MY RIGHTS UNDER TITLE 5, UNITED STATES CODE, SECTION 552A, THE PRIVACY ACT OF 1974, WITH REGARD TO ACCESS AND TO DISCLOSURE OF RECORDS, AND I WAIVE THOSE RIGHTS WITH THE UNDERSTANDING THAT INFORMATION FURNISHED WILL BE USED BY THE ROSELAND POLICE DEPARTMENT DURING THE COURSE OF THEIR SOLICITATION LICENSE BACKGROUND INVESTIGATION.

NOTE: A PHOTOSTATIC OR XEROX COPY OF THIS AUTHORIZATION SHALL BE CONSIDERED AS EFFECTIVE AND VALID AS THE ORIGINAL.

\_\_\_\_\_  
DATE

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