



**WASHINGTON TOWNSHIP**  
 CLERK'S OFFICE  
 43 SCHOOLEY'S MTN. ROAD  
 LONG VALLEY, NJ 07853  
 (908) 876-3315 (908) 876-5138 FAX  
[www.wtmorris.net](http://www.wtmorris.net)

## APPLICATION FOR PEDDLERS AND SOLICITORS

**Package Contents:**

- Washington Township's Solicitors License Application for Sales of Goods and Services.
- NJ Universal Fingerprint Form
- Please view the Township Ordinance, Chapter 143 in the Code Book found at: [www.wtmorris.org](http://www.wtmorris.org),

**Procedure:**

- If this is your **first application** to Washington Township for a Peddlers/Solicitors Permit, you must submit to a **fingerprint and background check**.
- If you have applied to Washington Township for a Peddlers/Solicitors Permit, and been issued a Permit in the past, you must undergo a **background check only**.

<b>Fingerprinting</b>	<ul style="list-style-type: none"> <li>• NJ Universal Fingerprint Form included in application packet.</li> <li>• You must submit application to the Township Clerk's Office. A copy will be provided to the Police Department, at which time they can assign you an IC number.</li> <li>• Once you receive the IC number, clearly print that number in box 7 of the form NJ Universal Fingerprint Form. (IC# are unique for each applicant)</li> <li>• Schedule an appointment, pay fee to agency.</li> <li>• Submit copy of Fingerprint Form AND receipt from your appointment to the Township Clerk's Office. Your application will not be processed until this step is completed.</li> </ul>
<b>Background Check</b>	<ul style="list-style-type: none"> <li>• Submit application for Criminal History Background Check at: <a href="http://www.njportal.com/njsp/criminalrecods">www.njportal.com/njsp/criminalrecods</a>.</li> <li>• Use ORI# NJ0143800, this ensures results will be sent to Washington Township</li> <li>• Pay the background check fee online</li> <li>• Attach submission receipt to the Peddler/Solicitor Application</li> </ul>

- Fully complete the application and return it to the Washington Township Clerk's Office, 43 Schooley's Mountain Road. The application process begins when you submit all the following documentation:
  - \$25 application fee, payable to **Washington Township**.
  - Two (2) 2x2 photographs of the applicant
  - Attach copies from fingerprinting and/or background check receipts and forms to application.
- If there is any food involved in your business, you must also register with the WT Health Department. 908-876-3650
- If there is cooking, open flame or heating of food, please consult with the Fire Prevention Dept. 908-876-8637
- The application process is complete when the Clerk's Office receives the results of the background check and fingerprinting from the Washington Township Police Department. The Clerk's Office will notify applicant when it is time to pick up the license/permit.
- When you pick up the license/permit, please remit the license fee, via check, payable to **Washington Township**.
 

<u>\$5.00 per day</u>	<u>\$10.00 per week</u>	<u>\$25.00 per month</u>	<u>\$100.00 per year</u>
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**Exceptions:**

- Please see Ordinance 143.3 for details regarding Veterans and noncommercial solicitation exceptions.

**Please allow eight weeks for the process of your application and the State Police background check.**



## WASHINGTON TOWNSHIP PEDDLERS/SOLICITORS PERMIT APPLICATION

Incomplete applications will not be processed.  
All checklist items must be submitted with application. 2x2 Photo must be submitted.  
Please allow 8 weeks for processing.  
Please refer to Ordinance 143-4 for more details.

Please select one:

- New Application.** If you have not applied for a Peddlers/Solicitors Permit in Washington Township attach completed NJ Universal Fingerprint Form and proof of fingerprinting, including date completed.
- Renewal Application.** If you have applied and received a Peddlers/Solicitors Permit in Washington Township, attach receipt of background check submission on line.
- Registration.** If you are not selling products/services but going door to door, you must register with Washington Township. An adult must register if those selling are under the age of 18.
- Temporary Mobile Vendor.** If you are selling goods at a single site or special event. You may not sell on Municipal property unless approval is granted.

**Applicant Information. PLEASE PRINT** (information must match fingerprinting & background submission information)

Full Name \_\_\_\_\_

SS# \_\_\_\_\_ Driver Lic. # & State \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Birth Date (DD/MM/YY) \_\_\_\_\_ Age \_\_\_\_\_ Birth Place (City/State) \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Convictions for any offense? Y \_\_\_ N \_\_\_ If yes, please provide date, location, and nature of offense \_\_\_\_\_

Sex \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Hair Color \_\_\_\_\_ Eye Color \_\_\_\_\_

Scars/Markings \_\_\_\_\_

Proof of Veteran Status attached.

*Any veteran or exempt fireman who holds a license issued pursuant to N.J.S.A. 45:24-9 and 45:24-10 shall be exempt from the licensing requirements but shall be required to file a registration form with the Township Clerk. Proof of Veteran status is required.*

If a vehicle is being used, provide the following:

Make \_\_\_\_\_ Type \_\_\_\_\_ Year \_\_\_\_\_

License \_\_\_\_\_ State \_\_\_\_\_ Color \_\_\_\_\_

Please list references, Name, Address, Phone (not related to you, who you have known for at least 3 years)

1) \_\_\_\_\_

2) \_\_\_\_\_

***I certify that I have truthfully and completely furnished all required information. I understand that if any statement made is willfully false or incomplete, I may be subject to penalties as proved by law and have this application denied. I agree to be fingerprinted (for new applicants) or submit to a background check (for renewal applications) at my own additional cost. I also consent to the Township's obtaining copies of my driving record, any criminal or disorderly person's conviction offense record, ordinance violation records, law enforcement contact and investigative reports from the official public agency which maintains such records.***

**Applicant Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Business Information** (Who are you working for/selling for)

Name of business/organization you are soliciting for: \_\_\_\_\_

Nature of business and description of products/services to be sold: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Location.** Where in the Township will you be selling?

Name of sales location or event \_\_\_\_\_

List Area(s) of the Township you will be covering \_\_\_\_\_

\_\_\_\_\_

**Non Commercial Solicitation** – if you are not selling products/service, you must still register with the Township.

Please list any/all persons who will be soliciting on behalf of your organization. Please print names of those **over** the age of 18: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Does your service include cooking or open flame? Y \_\_\_ N \_\_\_\_\_ if yes, attach a copy of signed Fire Permit

Does your service include handling of food? Y \_\_\_ N \_\_\_\_\_ If yes, attach copy of WT Health Dept. License

**\*\*\*\*\* BELOW FOR TOWNSHIP USE ONLY \*\*\*\*\***

License Number Issued: \_\_\_\_\_ License Issue Date \_\_\_\_\_

Permit Start Date: \_\_\_\_\_ Permit End Date: \_\_\_\_\_

**Fees Collected:**

- Application Fee:** \$25 \_\_\_\_\_ Cash/Check \_\_\_\_\_ Date Rec'd \_\_\_\_\_
- Term of License:**
  - DAY \$5 \_\_\_\_\_ Date: \_\_\_\_\_ Cash/Check \_\_\_\_\_ Date Rec'd \_\_\_\_\_
  - WEEK: \$10 \_\_\_\_\_ Dates: \_\_\_\_\_ Cash/Check \_\_\_\_\_ Date Rec'd \_\_\_\_\_
  - MONTH: \$25 \_\_\_\_\_ Dates: \_\_\_\_\_ Cash/Check \_\_\_\_\_ Date Rec'd \_\_\_\_\_
  - YEAR: \$100 \_\_\_\_\_ Dates: \_\_\_\_\_ Cash/Check \_\_\_\_\_ Date Rec'd \_\_\_\_\_

**Documentation received from Applicant and attached to application (select one):**

- New Registration.** Copy of NJ Universal Fingerprints Form with date receipt.
- Renewal Application.** Copy of Online Criminal History Background check receipt.
- Food Vendors.** Copy of WT Health Dept. license.
- Copy of current Washington Township No Solicitation List provided to applicant.** Applicant MUST visit the Township website ([www.wtmorris.org](http://www.wtmorris.org)) the first week of each month to obtain updated list.
- ID lanyard provided to applicant.** ID must be prominently displayed when soliciting. ID lanyard must be returned to the Clerk's Office when permit expires.
- Copy of Ordinance 143 provided to applicant.**

**Municipal Clerk Approval:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Police Dept. Approval:** \_\_\_\_\_ **Date:** \_\_\_\_\_



# New Jersey Universal Fingerprint Form

[www.bioapplicant.com/nj](http://www.bioapplicant.com/nj)

By IDEMIA

(1) Originating Agency Number (ORI #) <b>NJ0143800</b>		(2) Category <b>LOX</b>	(3) Statute Number <b>13:59-1</b>		
(4) Reason for Fingerprinting <b>LOCAL ORDINANCE</b>			(5) Document Type <b>S1</b>	(6) Payment Information <b>\$42.80</b>	
(7) Contributor's Case # (Unique Identifier) <b>[REDACTED]</b>			(8) Miscellaneous		
(9) First Name		(10) MI	(11) Last Name		
(12) Daytime Phone Number ( ) -		(13) Social Security Number (Optional)	(14) Date of Birth	(15) Height	(16) Weight
(17) Maiden or Alias Last Name		(18) Place of Birth (US State if US Citizen; Country for all others)		(19) Country of Citizenship	
(20) Home Address					
Address		City	State	Zip	
(21) Gender (Select one) <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Both	(22) Hair Color	(23) Eye Color	(24) Race (Select One) <input type="checkbox"/> A Asian/ Pacific Islander (includes Asian Indian) <input type="checkbox"/> B Black <input type="checkbox"/> I American Indian / Alaska Native <input type="checkbox"/> W White ( Includes Hispanic/ Spanish Origin) <input type="checkbox"/> U Unknown		
(25) Occupation / Position (with respect to Requirement)	(26) Employer / Organization Name (with respect to Requirement)				
	Employer Address				
	City		State	Zip	
<b>Identification Requirement</b> - Acceptable identification must be presented at the time of printing. Identification presented MUST be one (1) document that is current (not expired). A combination of documents will not be accepted. The single document must include the following criteria: Photo, Name, Address (home/issuing agency), Date of Birth. Acceptable ID must be issued by a Federal, State, County or Municipal entity for identification purposes. Examples of acceptable ID are: 1) Valid U.S. State Photo Driver's License/ Non Driver's License, 2) U.S. Passport, 3) USCIS Permanent Resident ID Card (issued after 5/10/2010), and 4) USCIS Employment Authorization Card (issued after 10/31/2011).					

**Please READ This Form Carefully:**

Follow all of the instructions provided by your agency/employer to complete the fingerprint process. You must have this form (Blocks 1 through 26) completed prior to scheduling your fingerprint appointment via the website or call center. **PLEASE PRINT LEGIBLY.** It is required that you present this completed Universal Fingerprint Form, IDG\_NJAPP\_051719\_V1, at your scheduled appointment.

**Appointment Scheduling:**

Scheduling is available anytime at [www.bioapplicant.com/nj](http://www.bioapplicant.com/nj). Appointments may also be scheduled through our Call Center. English and Spanish speaking agents are available at 1-877-503-5981, Monday through Friday, 8:00AM to 5:00PM EST and Saturday, 8:00AM to 12 Noon EST.

**Payment:**

When an applicant is responsible for payment, payment is required at the time of scheduling. The following forms of payment are accepted: Visa, MasterCard, American Express, Discover and prepaid debit cards, or electronic debit (ACH) from a checking account. Accounts will be debited immediately.

**Cancel/ Reschedule:**

Appointments may be canceled or rescheduled via the website or the call center before the deadline of 5PM EST the business day prior to the scheduled appointment (Saturday Noon for Monday appointments). An appointment fee of \$12.00 plus tax (\$12.80) will be incurred by applicants who do not cancel/reschedule their appointment prior to the deadline. Idemia Identity & Security will refund the remainder of the fee paid (state/federal search fees) to the original payment method.

**Unable to be Fingerprinted:**

An applicant is considered "Unable to be Fingerprinted" for any of the following reasons: Failure to appear for scheduled appointment, inability to present proper identification, inability to present this completed Universal Fingerprint Form IDG\_NJAPP\_051719\_V1, or the information on this form does not exactly match the information provided during the scheduling process. Applicants unable to be fingerprinted will incur a \$12.00 plus tax (\$12.80) appointment fee. Idemia Identity & Security will refund the remainder of the fee paid (state/federal search fees) to the original payment method.

**PCN and Receipts:**

Upon the completion of fingerprinting you will be assigned a PCN number. The PCN will be recorded on this form and on your receipt. Idemia Identity & Security will not provide duplicate receipts, PCN Numbers or any appointment/printing information after the time of printing.

Applicant ID Number:	Payment Authorization:	PCN:
Scheduled Day & Date:	Scheduled Time:	Scheduled Site:
Agency Information: <b>WASHINGTON TWP PD</b>		

You MUST retain a copy of this form and the receipt of printing for your personal records.

**APPLICANTS MUST NOT ALTER, SHARE, OR REUSE THIS FORM**

IDG\_NJAPP\_051719\_V1

8/2019