



# Township of Branchburg

1077 US HIGHWAY 202 NORTH, BRANCHBURG, NJ 08876-3936

TELEPHONE: (908) 526-1300 X 104

FAX: (908) 526-2452

www.branchburg.nj.us

## SOLICITOR'S LICENSE APPLICATION FOR SALES OF GOODS AND SERVICES

*Complete all questions and indicate N/A when not applicable*

**PLEASE PRINT OR TYPE**

**APPLICATION FEE: \$25.00**

**PLEASE SUBMIT 2" X 2" PHOTO OF APPLICANT WITH APPLICATION**

### APPLICANT INFORMATION

NAME OF APPLICANT \_\_\_\_\_  
(Full Legal Name) First Middle Last

ADDRESS \_\_\_\_\_

STATE \_\_\_\_\_ ZIP \_\_\_\_\_ TELEPHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

E-MAIL \_\_\_\_\_

LOCAL ADDRESS (if different from home address)

\_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year

CONVICTIONS OF ANY OFFENSES? NO  YES  If yes, provide date, location and nature.

\_\_\_\_\_  
\_\_\_\_\_

DRIVER'S LICENSE # \_\_\_\_\_

STATE OF ISSUANCE \_\_\_\_\_

### EMPLOYER INFORMATION

NAME OF BUSINESS \_\_\_\_\_

ADDRESS: \_\_\_\_\_

STATE \_\_\_\_\_ ZIP \_\_\_\_\_ TELEPHONE \_\_\_\_\_ Cell \_\_\_\_\_

CONTACT PERSON \_\_\_\_\_

TELEPHONE (IF DIFFERENT) \_\_\_\_\_

**Please provide letter for which the applicant proposes to do business authorizing the applicant to act as such representative.**

**Please provide a Certificate of Liability Insurance naming Branchburg Township as additionally insured in the amount of \$1,000,000.00 per occurrence.**



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## SOLICITING INFORMATION

Description of products or services to be sold: \_\_\_\_\_

If selling products, the method of delivery will be:

STOCK IN POSSESSION  DIRECT SALE  ORDERS FOR FUTURE DELIVERY

Days of Solicitation: \_\_\_\_\_

Times of Solicitation: \_\_\_\_\_

*Please provide copies of all advertising including handbills, circulars, etc.*

## VEHICLE INFORMATION

	MAKE	MODEL	LICENSE PLATE NO.	STATE OF ISSUANCE
Vehicle No. 1				
Vehicle No. 2				
Vehicle No. 3				
Vehicle No. 4				
Vehicle No. 5				

## SIGNATURE & AUTHORIZATION

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 provided by law and have this application denied. I agree to be fingerprinted and understand I will be responsible for the additional administrative costs for such fingerprinting.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Employer (Supervisor)

\_\_\_\_\_  
Printed Name of Employer

\_\_\_\_\_  
Date



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## HOLD HARMLESS AGREEMENT

In consideration of the fact that permission is being given to \_\_\_\_\_

\_\_\_\_\_

on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_, it is hereby understood and agreed that the Township of Branchburg and its affiliates of 1077 US Highway 202, Branchburg, NJ 08876 are hereby saved and held harmless from and against any and all claims to be made by participants, volunteers, or any other persons who may be injured while involved in said event, the event holder acknowledges that it is responsible for any such injuries or damages that take place during said event. The event holder accepts full responsibility for the defense of any claim or suit brought by anyone against the Township of Branchburg by signing this statement, including the payment of all legal fees and costs incurred by the Township of Branchburg as a result of such claim or suite.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Name of firm/business/organization

\_\_\_\_\_  
Date

### **FOR OFFICE USE ONLY**

#### **APPROVED BY:**

Clerk's Office \_\_\_\_\_ Date: \_\_\_\_\_

Police Department \_\_\_\_\_ Date: \_\_\_\_\_

Board of Health (if applicable) \_\_\_\_\_ Date: \_\_\_\_\_

Zoning Officer (if applicable) \_\_\_\_\_ Date: \_\_\_\_\_

Fee Paid: \$ \_\_\_\_\_ Cash \_\_\_\_\_ Check No. \_\_\_\_\_

License No. \_\_\_\_\_ Date issued: \_\_\_\_\_



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## **APPLICANT INSTRUCTIONS FOR BACKGROUND CHECK**

- Log on to <https://www.njportal.com/njsp/criminalrecords> and click on the ON LINE **FORM 212A** which is a highlighted block located on the lower left side of the page.
- The originating Agency Identification Number (ORI) is: **NJ0180500**.
- The fee is \$20.00.
- Upon completion of the form, the applicant will receive an email Confirmation & Receipt that will include a confirmation number.
- At this time the request will be forwarded to the Police Department's work queue for approval and submission to the NJ State Police for Processing.
- You can find more detailed information by clicking the "Help Tab" located on the top right side of the page.