

Township of Willingboro
Solicitor License Application

NOTE: Fingerprints and Record Check Required

Name of Company: _____

Address: _____ Telephone Number: _____

Description of Applicant:

Height: _____ Weight: _____ Eyes: _____ Social Security: _____

Sex: _____ Date of Birth: _____ Place of Birth: _____

Name of Business: _____

Nature of Business: (Product of Service to be sold)

Source of Supply of Products or Services:

1. Where Located: _____
2. Method of Delivery: _____

How many days per week and hours per day will you be in the Township?

Character References:

Name: _____ Address: _____

Name: _____ Address: _____

Name: _____ Address: _____

Have you ever been convicted of an offense (Other than traffic violation)?

Yes No If so, Nature of Offense: _____

Application Fee: \$5.00

License Fee: \$25.00

Two (2) Recent photos

Signature