



Hawthorne Police Department
445 Lafayette Avenue
Hawthorne, New Jersey 07506
Headquarters 973-427-1800



Soliciting & Canvassing Application Instructions

As set forth in Borough Ordinance 361-4, Trade Solicitation Licensing Procedure, the completed application must be presented to the Chief of Police for approval along with the following:

1. Provide an authorization letter, on company letterhead, from the organization or company to whom you are soliciting on their behalf.
2. Provide proof of a current New Jersey sales tax identification number.
3. Provide a list of the last five municipalities where solicitations were conducted.
4. A New Jersey Universal Fingerprint Form must be completed and submitted with your application. You will then be supplied with a case number which is required to schedule your appointment for fingerprinting. There is a \$42.80 Fee; Once your case number is assigned, scheduling is available at www.bioapplicant.com/njorbycalling877-503-5981.

*Please note that fingerprints DO NOT carry over from town to town.

Once fingerprints are returned to this office by the New Jersey State Police you will be contacted. You will need to supply a 2" x 2" size face photo which will be attached to your ID Card.

The fee is \$50 for the first applicant, \$35 for each additional applicant, due at pickup of ID.
Form of payment is check or money order only payable to the Borough of Hawthorne.

Canvassing or trade solicitation can only take place between 9:00 a.m. and 9:00p.m. Please remember to contact Police Dispatch (973)427-1800 to let them know when and where you will be out soliciting, how many people will be out soliciting and a description of the vehicles you are driving.

BOROUGH OF HAWTHORNE
445 Lafayette Avenue
Hawthorne, Passaic County, New Jersey 07506

Fee: \$50 Initial Permit/\$35 each additional

~ APPLICATION FOR PERMIT TO SOLICIT, CANVASS OR SURVEY ~
Ordinance No: 361-4

1. Full Name of Applicant: _____
Place of Birth: _____ Date of Birth: _____
Social Security Number: _____
2. Address: _____
Previous Address if less than 3 years at current address:

Phone Number: _____ Cell Phone Number: _____
3. Business Name Soliciting on Behalf of: _____
Address: _____
Phone Number: _____ Supervisor/Manager: _____
4. Make, Model of Vehicle & License Plate # _____
5. Route Planned to be taken and list of days on this route: (Can be attached separately) _____

6. Have you ever been arrested or convicted of any crime? _____ If yes, please state the details as to the nature of the offense for which arrested for convicted. (Include disorderly persons offenses, municipal ordinances and penalties)

7. List two (2) New Jersey residents as references for character: Name, Address & telephone #
 1. _____
 2. _____
8. List 5 New Jersey Municipalities that you have conducted trade solicitations in:
 1. _____ 4. _____
 2. _____ 5. _____
 3. _____
9. Provide Proof of a current New Jersey Sales tax identification number (Provide photocopy of Business Registration)
10. Provide Copy of a food handler's license issued by the Board of Health of the Borough of Hawthorne. (if applicable)

Please check of the type of Solicitation you will be conducting in the Borough of Hawthorne:

Type of Activity for which permit is requested

- Trade Solicitation
 - On Public Streets or Places
 - Door-to-Door
 - Canvass or Survey
 - Opinion Poll or Sampling
 - Product Literature
 - Other (Give short description)
-

I certify that the statements contained in the application are true. I understand that if any matter recited above changes during the effective period of the requested permit, I will report such change immediately to the Borough Clerk for amendment of this application. I further certify that no person under the age of 18 years will be involved in this solicitation, canvass or survey.

Date: _____

Signature of Applicant

Office Use Only:

Police Case # _____

Date Submitted: _____

Date Approved: _____

Date Denied: _____

Summary of Denial (If applicable) _____

Approving Signature: _____ **Date** _____



New Jersey Universal Fingerprint Form

www.bioapplicant.com/nj

By IDEMIA

(1) Originating Agency Number (ORI #) NJ0160400		(2) Category LOX	(3) Statute Number 13:59-1		
(4) Reason for Fingerprinting LOCAL ORDINANCE			(5) Document Type S1	(6) Payment Information \$42.80	
(7) Contributor's Case # (Unique Identifier)			(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
Identification Requirement - 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. 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: HAWTHORNE PD		

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