

**SOLICITOR APPLICATION**  
**BOROUGH of PINE HILL**  
CAMDEN COUNTY

**SOLICITOR INFORMATION: (PLEASE PRINT)**

**PAYMENT INFORMATION**

First Name _____ MI _____ Last Name _____
Company _____
Mailing Address _____
City _____ State _____ Zip _____ E-Mail _____
Business Hours Telephone Area Code _____ Number _____ Extension _____
Date of Birth _____ Place of Birth _____
Social Security # _____ Sex _____ Weight _____ Height _____ Eyes _____
Signature _____ Date _____

<b>Fees:</b>	
Annual:	\$50.00
Semi-Annual:	\$30.00
Quarterly:	\$20.00
Monthly:	\$15.00
Weekly:	\$10.00

**BUSINESS INFORMATION: (PLEASE PRINT)**

Business Name _____ Telephone Number _____
Mailing Address _____ City _____ State _____ Zip _____
Type of Business _____ Goods or Services Solicited _____
Location where business to be conducted _____
Name of all persons assisting in Soliciting _____

**POLICE INFORMATION: (PLEASE PRINT)**

Have you ever been convicted of a crime? _____ Yes _____ No	
If yes, please state where, when, nature of offense and disposition _____	
Motor vehicle to be used _____ Make _____ Model _____ Year _____	
Color _____ License Plate # _____ State _____ Registered Owner _____	
Driver's License # _____ State _____ Expiration Date _____	
Are you a disabled Veteran? _____ Yes _____ No ( If yes, please attach verification	
<b>I solemnly swear and affirm that the information contained herein is true and correct to the best of my knowledge</b>	
Date _____ Signature _____	

Proof of an insurance policy issued by an insurance company licensed to do business in the State of New Jersey protecting the licensee and the borough from all claims and damages to property and bodily injury, including death, which may arise from operations under or in connection with the hawking, vending or peddling. The amounts of the insurance to be maintained are: Personal injury - one hundred thousand (\$100,000.00) dollars per person; three hundred thousand (\$300,000.00) dollars per occurrence; Property damage - fifty thousand (\$50,000.00) dollars. Such insurance shall provide that the policy shall not terminate or be cancelled prior to the expiration date without 30 days advance written notice to the borough.

**Pine Hill Police Department**  
Application for Borough of Pine Hill Solicitor Permit  
Please Attach a Copy of a Valid Driver's License

Full Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

Previous Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Sex: Male: \_\_\_\_\_ Female: \_\_\_\_\_ Race: \_\_\_\_\_ Hgt: \_\_\_\_\_ Wgt: \_\_\_\_\_ Eyes: \_\_\_\_\_ Hair Color: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Occupation: \_\_\_\_\_

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

Have you ever obtained a solicitor's permit?: \_\_\_\_\_ Date Obtained: \_\_\_\_\_

From Which Police Department?: \_\_\_\_\_

Name of Product or Service You are Soliciting: \_\_\_\_\_

Name and Address of Company or Organization by whom you are employed: \_\_\_\_\_

Phone #: \_\_\_\_\_

Have you ever been convicted of a Crime? Yes: \_\_\_\_\_ No: \_\_\_\_\_ If yes where?: \_\_\_\_\_

Explanation: \_\_\_\_\_

**Security Check Authorization Waiver**

As indicated above, I have applied for a non-criminal justice employment licensing, OR, as a volunteer participant in a block parent/helping hand type program. For the purpose of this application, I hereby authorize the release of any Criminal History Record information criteria for the stated purpose to the Pine Hill Police Department and the Borough of Pine Hill. Any such information released as a result of this authorization shall be used only for the express purpose of processing the above indicated application.

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

**Police Use Only**

Application for:

State or Federal statute, Rule or Regulation, Description: \_\_\_\_\_

Local Ordinance: \_\_\_\_\_ Non-Criminal Number: \_\_\_\_\_

Application Received By: \_\_\_\_\_ Date: \_\_\_\_\_

**Security Check Conducted**

P.H.P.D. Records: \_\_\_\_\_ N.C.I.C. \_\_\_\_\_ N.J.M.V.C.: \_\_\_\_\_ A.T.S.: \_\_\_\_\_ A.C.S.: \_\_\_\_\_

Other: \_\_\_\_\_

**For Police Chief Only**

Approved: \_\_\_\_\_ Date: \_\_\_\_\_

Federal Regulations (Title 28) prohibit the use of Computerized Criminal History File inquires for a purpose other than authorized, therefore, this record check is not necessarily conclusive, and is not intended as an endorsement of the applicant.