

## **BOROUGH OF AUDUBON**

### **Application Process for Solicitor's Permit:**

- Fill out the Borough of Audubon Solicitor's Permit Application completely.
- Application must be submitted 30 days in advance for a proper background investigation.
- A Certificate of Liability is required.
- County Board of Health Certificate is required when food is involved.

### **Identification required for the Application of a Solicitor's Permit:**

- Driver's License or other government issued photo ID.

### **Solicitor's License Fees: (Checks made payable to the Borough of Audubon.)**

<b>Daily</b>	-	<b>\$50.00</b>
<b>Weekly</b>	-	<b>\$100.00</b>
<b>Seasonal</b>	-	<b>\$200.00 (3 months)</b>

- Please submit all information to the attention of the Municipal Clerk's Office. You can drop off at the Municipal Building or email the completed package with all requested attachments to [d.ingves@audubonnj.com](mailto:d.ingves@audubonnj.com). Incomplete applications will only delay processing and approval. Please be sure all items are completed and/or enclosed before submitting.

**BOROUGH OF AUDUBON  
APPLICATION FOR A SOLICITOR'S PERMIT**

**1. Name of Applicant:** \_\_\_\_\_

**2. Address:** \_\_\_\_\_  
\_\_\_\_\_

**3. Phone #:** \_\_\_\_\_

**4. Social Security #:** \_\_\_\_\_

**5. Date of Birth:** \_\_\_\_\_

**6. Name and address of Firm/Company Represented:**

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

**7. The length of time for which the license is desired: (Circle One)**

**Daily                      Weekly                      Seasonal**

**8. Description of wares offered for sale:** \_\_\_\_\_

\_\_\_\_\_

**9. Number of arrests or convictions for misdemeanors or crimes:** \_\_\_\_\_

**10. Nature of offenses for which arrested or convicted:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**11. A letter from the firm for which the application purports to work, authorizing the applicant to act as its representative must be appended to this application.**

**12. A Certificate of Liability Insurance holding the Borough of Audubon harmless against loss.**

**13. Please provide three (3) business references.**

**APPROVED:**

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**Audubon Police Department**

**Date:**

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**Clerk's Office**

**Date:**