TOWNSHIP OF TABERNACLE
163 CARRANZA ROAD – TABERNACLE, NEW JERSEY 08088

OFFICE OF THE MUNICIPAL CLERK

Registration Contact:
Shana Gosik, Deputy Municipal Clerk
deputyclerk@townshipoftabernacle-nj.gov

CANVASSERS AND SOLICITORS CERTIFIED APPLICATION

Date: ________________________________
Name of applicant: ________________________________
Address: ________________________________
Telephone: ________________________________
Email: ________________________________

Name and address of company, organization, or person for whom solicitation is being made:

__________________________________________________________________________________

Description of the nature of the business and the goods wares, or services to be sold. Sufficient information to determine whether the business to be transacted is in the State of New Jersey or out of State commerce.  __________________________________________________________

Have you been convicted of a crime? Yes ______________ No ______________

Vehicle Description: ________________________________
License plate number: ________________________________
Year: ________________________________
Make: ________________________________
Model: ________________________________
Color: ________________________________

Number of the automobile(s) to be used by the registrant during the period of solicitation within the Township. ________________________________

I do hereby certify the above information to be true and correct, to the statements made.

Date: ________________________________
Signature

Two photographs, taken within the last 90 days of the registrant. Suggestion to be approximately two and one-half (2 1/2") inches by two and one-half (2 1/2") in size showing the registrant's head and shoulders in a clear and distinguishing manner must accompany application, if not digitally submitted.