

INSTRUCTIONS FOR APPLICATION FOR CANISTER DRIVE LICENSE FOR NON-PROFIT ORGANIZATIONS

**APPLICATION WILL NOT BE CONSIDERED ACCEPTABLE UNLESS SUBMITTED
THIRTY (30) DAYS IN ADVANCE OF CALENDAR YEAR/FIRST REQUESTED DATE**

NON PROFIT VENDORS as defined in **Section 271-1 of the Code of Franklin Township, Somerset County:**

An organization, person or entity possessing a tax exempt status which shall be evidenced by furnishing to the Township of Franklin the tax exempt number provided by the State of New Jersey and/or the Government of the United States.

NOTE TO ALL APPLICANTS: By virtue of State Statute adopted in 1993, effective February 1st of 1994, you are required to file with the Township Clerk's Office, **ORIGINAL Documentation from the Division of Taxation of your Tax Exempt Number and Status.**

Non-profit organizations are exempt from fees for this license.

This application shall consist of:

- (a) The completed application, notarized, and dated at time of submission;
- (b) The "Personal Information Sheet" (Attachment A) which shall be completed by the person who is in charge of the members of the organization who will be soliciting;
- (c) Permission slip(s) (Attachment B) signed by the owner/manager of store(s) and a list of the dates and locations for the drives, if known. This list can be amended as the calendar year progresses provided the information and a completed permission slip is received by the Township Clerk's Office seven (7) days before the drive.
- (d) A list of names/addresses of all persons who will be participating in the drive. (Your membership roster will suffice for this purpose);
- (e) A copy of the notification by an officer of the organization to the custodial parent(s) or guardian(s) as the designated representative of any child under the age of fourteen; (Attachment C)
- (f) A copy of the written confirmation from the designated representative(s) indicating acceptance of responsibility for child/children under the age of fourteen. (Attachment D)
- (g) A list of names/addresses of all persons who will be participating in the drive. (Your membership roster will suffice for this purpose);

The following rules apply to Annual Non-Profit Canister Drive Licensees and compliance must be certified by the applicant on the attached application.

- (1) There is a limit on the number of persons conducting the canister drive to two (2) persons per ingress and/or egress doorway.*
- (2) Use of structures, displays or furniture in conjunction with the drive is prohibited.
- (3) The drive cannot be conducted within a public right of way or within 25' of a public right of way.

*This limit does not include the designated representative in charge of the solicitors.

**APPLICATION FOR ANNUAL LICENSE
NON-PROFIT ORGANIZATION - CANISTER DRIVES**

APPLICATION WILL NOT BE CONSIDERED ACCEPTABLE UNLESS SUBMITTED THIRTY (30) DAYS IN ADVANCE OF CALENDAR YEAR/FIRST REQUESTED DATE

DATE OF APPLICATION: _____

NAME AND BUSINESS ADDRESS OF APPLICANT:

NAME(S) AND ADDRESS(ES) OF OFFICERS:

NAME, ADDRESS, PHONE NUMBER AND SOCIAL SECURITY NUMBER AND CAPACITY OF PERSON HAVING SUPERVISION.

STATE WHETHER THE PERSON(S) HAVING SUPERVISION OF THE APPLICANT'S BUSINESS HAS/HAVE BEEN CONVICTED OF A CRIME, MISDEMEANOR OR VIOLATION OF ANY OF THE MUNICIPAL ORDINANCES EITHER IN FRANKLIN TOWNSHIP OR SOME OTHER MUNICIPALITY. IF THE ANSWER IS "YES" GIVE THE NATURE OF EACH OFFENSE, THE PLACE WHERE EACH OFFENSE OCCURRED AND THE PUNISHMENT ASSIGNED THEREFOR.

The applicant acknowledges and certifies that:

- (1) The license issued in response to this application provides for canister drives **only**.
- (2) The applicant will comply with Township Code requirements that such solicitation will be limited to two (2) solicitors per ingress and/or egress doorway, will not involve any structures, displays or furniture, and will not be located within a public right of way or within 25' of a public right of way.
- (3) Attached is a list of the names/addresses of all members who may participate in the canister drives.
- (4) Attached is a list of the dates and locations for the canister drives if known. If not known or any changes are made, written notice to the Office of the Township Clerk will be provided at least seven (7) days prior to the drive.

THE FACTS HEREIN ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

PLEASE HAVE SIGNATURE NOTARIZED

APPLICANT'S SIGNATURE

SWORN TO AND SUBSCRIBED BEFORE ME THIS
____ DAY OF _____, 2016.

SIGNATURE/SEAL

ATTACHMENT A

SOLICITOR'S LICENSE APPLICATION
Personal Information Sheet

(Organization Name/Address/Phone No.)

Contact Person: _____ Position: _____

I CERTIFY THAT THE FOLLOWING PERSON IS AN APPLICANT FOR THE ABOVE NAMED ORGANIZATION:

PLEASE PRINT

INCOMPLETE FORMS WILL BE RETURNED

NAME: _____ ALIAS/MAIDEN NAME: _____
first middle last

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ DATE OF BIRTH: _____ SS#: _____ - _____ - _____

PLACE OF BIRTH: _____ CITIZENSHIP: _____

SEX: _____ RACE: _____ HEIGHT: _____ WEIGHT: _____ HAIR: _____ EYES: _____

DRIVERS LICENSE #: _____

MARKS/SCARS/AMPUTATIONS: _____

OCCUPATION: _____ EMPLOYER'S PHONE: _____

EMPLOYER/ADDRESS: _____

I, _____, being of full age, hereby certify that all of the above information is correct. I hereby authorize the Franklin Township Police Department to conduct a criminal background investigation to determine my eligibility for conducting solicitation within the Township of Franklin. I understand that I will be notified in writing at the above referenced address of any criminal history records that are discovered during this investigation.

Applicant's Signature: _____ DATE: _____

Sworn and Subscribed before me this

day of _____, _____

Signature
Notary Public of New Jersey

My commission expires: _____

ATTACHMENT B

**PERMISSION SLIP FROM COMMERCIAL ESTABLISHMENT
TO ACCOMPANY APPLICATION FOR SOLICITORS LICENSE**

**PLEASE HAVE COMPLETED AND RETURNED TO TOWNSHIP CLERK'S OFFICE, 475 DeMOTT
LANE, SOMERSET, NEW JERSEY 08873**

NAME OF ORGANIZATION: _____
ADDRESS: _____ **TELEPHONE:** _____

DATE(S) REQUESTED: _____

TIME(S): _____

PURPOSE: _____

NAME OF STORE: _____

LOCATION: _____

**I UNDERSTAND THAT MY GRANTING OF PERMISSION WILL BE SUBJECT TO REVIEW BY
THE ZONING OFFICER OF THE TOWNSHIP OF FRANKLIN FOR COMPLIANCE WITH THE
APPROVED SITE PLAN FOR MY PREMISES.**

**THIS IS TO CERTIFY THAT THE FOREGOING HAS
BEEN GIVEN APPROVAL TO SOLICIT/SELL IN FRONT
OF OUR ESTABLISHMENT FOR THE ABOVE DATES
AND TIMES.**

SIGNATURE

NAME (PLEASE PRINT)

TITLE

PHONE NO.

DATE

ATTACHMENT B

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DATE