Application for Canvassers Permit
Borough of Sea Girt
321 Baltimore Boulevard
Sea Girt, NJ 08750
732-449-9433x111
Fax 732-974-8296

Individual who is conducting the canvassing:

Name: _____

Address: _____

Social Security Number or Driver's License Number: _____

Telephone Number: _____

Purpose for which canvassing will be conducted: _____

_____

Name, Address and phone number of person(s) in direct charge of canvassers and canvassing:

_____

OR

Organization or Business for whom canvassing is being conducted:

Name: _____

Address: _____

Telephone Number: _____

Purpose for which canvassing will be conducted: _____

_____

Name, Address and phone number of person(s) in direct charge of canvassers and canvassing:

_____

Canvassers:

Name Address Telephone

_____

_____

_____

_____

(Please attached separate listing if more space is needed for canvassers)

Method to be used to conduct canvassing: _____

Time & Date canvassing will commence: _____

Ending/Termination date for canvassing: _____

A statement as to whether or not the applicant or any person proposed to engage in the licensed activity has been convicted of any crime, misdemeanor or violation of any municipal ordinance, other than traffic violations, the nature of the offense and the punishment or penalty assessed therefore.

Signature of applicant or
person applying on behalf of organization: Date:

_____ _____

Permitted hours of *canvassing (Ord. 23-2014):* **10:00 AM to 5:30 PM daily except Sunday**
Maximum of six (6) permits per year for not more than fifteen (15) days per permit

Official Use – Do not write below

Date Received:_____ Signature: _____

Payment Received - $15.00 ☐ Statement Received: ☐

Photos Received: ☐ **Permit Expiration Date: _____**

Approved: ☐ Denied:☐