



**321 BALTIMORE BOULEVARD
P.O. BOX 296, SEA GIRT, NJ 08750
TEL: 732-449-9433 FAX 732-974-8296
www.seagirt-nj.go**

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 or 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 numbers of person(s) in direct charge of canvassers and canvassing: Canvassers:

Name	Address	Telephone
_____	_____	_____
_____	_____	_____
_____	_____	_____

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 the organization:

Date:

Permitted hours of canvasing (Ord.23-2014): 10:00AM to 5:30PM 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: