Richard Calabrese Chief of Police

Andrew Johnson Lieutenant



## **POLICE HEADQUARTERS**

900 Manor Road Cinnaminson, NJ 08077 TEL#: (856)-829-6667 Records: (856)-829-5294 Fax#: (856)-829-2507

# **SOLICITORS APPLICATION PROCESS AND GUIDELINES**

In order for you to get a solicitor's permit, you will need to undergo a background check and fingerprinting. The Township of Cinnaminson charges a \$50.00 fee for the Permit. If you are involved with a group of individuals applying for permits, then the fees are \$50.00 for the first person, and \$25.00 for each additional person in the group/company. This fee is to be paid by check or money order and made payable to Cinnaminson Township.

The permit will be issued for the length of time that you request, but no permit will be issued for longer that six months. You can apply for an additional six month renewal at that time.

## The following Township Ordinance Applies to your application:

<u>28-5. Background checks; when required.</u>: All individuals or entities seeking a soliciting permit shall be required to submit to mandatory background checks, including both the local and the national check. Background checks shall be performed at the expense of the applicant and will be done through MorphoTrust. These checks are required for both initial licenses and permits as well as for renewals. All partners, owners, managerial employees or agents working under the authority of the license or permit are also required to submit to these checks. The requirement for these checks may not be waived except by action of the Township governing body.

## The Background Process is as follows:

- 1. You are to obtain a Solicitors Packet from Cinnaminson Police and will be required to show a photo ID.
- 2. Complete the application and make an appointment for fingerprinting with MorphoTrust (using the instructions from the Idento by MorphoTrust Form) Attach the receipt from MorphoTrust to the fingerprint form. Fingerprints must be done with every application.
- 3. Return the packet along with check or money order payable to Cinnaminson Township.
- 4. MorphoTrust sends your fingerprints electronically. Your fingerprints will be checked by several databases and the results will be returned to this Police Department. This process can take weeks and is out of our control.
- 5. The Police Department will then do a local background check.
- 6. If you clear the national and local background checks, you will be contacted and advised that you are eligible for a solicitor's permit. We will contact you to make an appointment to have your solicitor's permit picture taken and permit issued.
- 7. If you do not pass the background checks, you will be advised in writing along with the appeals procedure in the event you would like to dispute your rejection notice.

## The following Rules apply to your Soliciting Permit:

- 1. The Permit is to be picked up and returned at Police Headquarters each day.
- 2. You are only permitted to solicit during the hours of 9am to 8pm.
- 3. You must have the ID card visible at all times.
- 4. Harassment towards any resident will not be tolerated.
- 5. You are not permitted to solicit at any place where there are clearly marked signs against solicitation or peddling.

## Any violations will result in a suspension of your Permit and possible fines.

You can find a copy of the Township's Soliciting Ordinance at the following Website address:

http://www.ecode360.com/?custId=CI0302

# CINNAMINSON POLICE DEPARTMENT SOLICITOR'S APPLICATION

| NAME:   |                     |                     |                   |                                    |            |  |  |  |  |
|---|---------------------|---------------------|-------------------|------------------------------------|------------|--|--|--|--|
| LAST  |                     | FIRS                | T                 | INITIAL                            |            |  |  |  |  |
| ADDRESS:                                      | STREET              | CIT                 | TV                | STATE                              | ZIP        |  |  |  |  |
| YY Y 1  |                     |                     |                   |                                    |            |  |  |  |  |
| How Long have yo                              |                     |                     |                   |                                    |            |  |  |  |  |
| If less than ten year<br>Prior Addresses &    |                     |                     |                   |                                    |            |  |  |  |  |
|   | <i>y</i> .          |                     |                   |                                    |            |  |  |  |  |
|   |                     |                     |                   |                                    |            |  |  |  |  |
| Drivers Lic. #:                               | rivers Lic. #:State |                     |                   | Social Security:                   |            |  |  |  |  |
| Home Phone:                                   |                     |                     | Cell Phone:       |                                    |            |  |  |  |  |
| DOB:  |                     |                     |                   |                                    |            |  |  |  |  |
|   |                     |                     |                   |                                    | LD         |  |  |  |  |
| COMPANY NAM                                   |                     |                     |                   |                                    |            |  |  |  |  |
| COMPANY ADD                                   | ORESS:STR           | REET                | CITY              | STATE                              | ZIP        |  |  |  |  |
| Address of Compa                              | any Headquarters,   | if other than above | ve:               |                                    |            |  |  |  |  |
| How long has com                              |                     |                     |                   |                                    |            |  |  |  |  |
| _   |                     |                     |                   |                                    |            |  |  |  |  |
| Description of Pro                            |                     |                     |                   |                                    |            |  |  |  |  |
| Telephone Numbe                               | er of Company:      |                     |                   |                                    |            |  |  |  |  |
| Name of Supervisor/Point of Contact: Phone #: |                     |                     |                   |                                    |            |  |  |  |  |
| Are you known by                              | any other name,     | alias, nickname?    |                   | ·································· |            |  |  |  |  |
| If Yes, what is tha                           | t name/nickname:    | :                   |                   | <del></del>                        |            |  |  |  |  |
| Have you ever bee                             | en convicted of a   | crime?              | Have you ever     | been charged with                  | n a crime? |  |  |  |  |
| Have you ever bee                             | en denied a Solicit | tor's Permit in any | Municipality in t | his state or another               | r state?   |  |  |  |  |
| Description of Mo                             | otor Vehicles to be | e used:             |                   |                                    |            |  |  |  |  |
| Make:   | Model:              | Year:               | Color:            | Plate                              | State:     |  |  |  |  |
| Make:   | Model:              | Year:               | Color:            | Plate                              | State:     |  |  |  |  |
| Make:   | Model:              | Year:               | Color:            | Plate                              | State:     |  |  |  |  |
| Make:   | Model:              | Year:               | Color:            | Plate                              | State:     |  |  |  |  |



# **New Jersey Universal Fingerprint Form**

# www.bioapplicant.com/nj

| By MorphoTrust USA   |  |   |                                | <u> </u>         |                                | <u> </u>   |                           |                    |                             |
|--|--|---|--------------------------------|------------------|--------------------------------|--|---------------------------|--------------------|-----------------------------|
| (1) Originating Agency Number (ORI #)  |  | (2) Category  |                                | (3) Sta          | (3) Statute Number             |  |                           |                    |                             |
| (4) Reason for Fingerprinting  |  |   |                                | (5) Doc          | (5) Document Type              |  | (6) Pa                    | ayment Information |                             |
| (7) Contributor's Case # (Unique Identifier)   |  |   |                                | (8) Mis          | scellaneous                    |  |                           |                    |                             |
| (9) First Name   |  | (10) MI (11) Last Nar   |                                | ame              | me                             |  |                           |                    |                             |
| (12) Daytime Phone Number  |  | (13) Social Security Number (Optional)                              |                                | ional)           | (14) Date o                    | (14) Date of Birth   |                           | it                 | (16) Weight                 |
| (17) Maiden or Alias Last Name   |  | (18) Place of Birth (U  | JS State if US                 | Citizen; Coul    | intry for all o                | ithers)  | (19) C                    | ountry             | of Citizenship              |
| (20) Home Address  |  |   |                                |                  |                                |  | •                         |                    |                             |
| Address  |  | (   | City                           |                  | State                          | :  | Zip                       |                    |                             |
| (21) Gender (Select one)  [ ] Female [ ] Male [ ] Both   | (22) Hair Color                          |   | (23) Eye Color                 |                  | [A]<br>[B]                     | [ B ] Black [ I ] American Indian / Alaska Native [ W ] White ( Includes Hispanic/ Spanish Origin) |                           |                    |                             |
| (25) Occupation / Position (with respect to Requirement)   | ` ´ .                                    | nployer / Organization I<br>er Address                              | Name (with re                  | spect to Requ    | uirement)                      |  |                           |                    |                             |
|  | City                                     |   |                                |                  | State                          | Z  | Zip                       |                    |                             |
| Identification Requirement - Identification (not expired). A combination of documents (home/employer), Date of Birth and is issued 1) Valid U.S. State Photo Driver's License (A) U.S. Employment Authorization Card | s will not l<br>ued by a F<br>e/ Non Dri | be accepted. The sir<br>Federal, State, Countiver's License, 2) U.S | ngle documer<br>nty or Municip | nt must included | ide the follo<br>Identificatio | wing criteria<br>n purposes  | a; Photo, Ń<br>. Examples | ame, A<br>of acc   | Address<br>ceptable ID are: |

Please READ this form carefully

and follow all of the instructions provided by your agency/employer to complete the fingerprint process. You must have this form (Blocks 1 through 26) completed prior to scheduling your fingerprint appointment via the website or call center. <a href="PLEASE">PLEASE</a> PRINT LEGIBLY. It is required you present this completed Universal Fingerprint Form, IDG\_NJAPP\_110113, at your scheduled appointment.

#### Appointment Scheduling:

Scheduling is available anytime at <a href="www.bioapplicant.com/nj">www.bioapplicant.com/nj</a>. Appointments may also be scheduled through our Call Center. English and Spanish speaking agents are available at 1-877-503-5981, Monday through Friday, 8:00AM to 5:00PM EST and Saturday, 8:00AM to 12 Noon EST.

#### **Payment**

When an Applicant is responsible for payment, Payment Is Required at the time of scheduling. The following forms of payment are accepted: Visa, MasterCard, or electronic debit (ACH) from a checking account; accounts will be debited immediately. Money Order is the only form of payment accepted at the enrollment center.

## Cancel/ Reschedule:

Appointments may be canceled or rescheduled via the website or the call center <u>before the deadline of 5PM EST</u> the business day prior to the scheduled appointment (Saturday Noon for Monday appointments). An appointment fee of \$10.00 will be incurred by applicants who do not cancel/reschedule their appointment prior to the deadline; MorphoTrust will refund the remainder of the fee paid (state/federal search fees) to the original payment method.

## Unable to be Fingerprinted:

An applicant is considered "Unable to be Fingerprinted" for any of the following reasons: Failure to appear for scheduled appointment; Inability to present proper Identification; Inability to present this completed Universal Fingerprint Form IDG\_NJAPP\_110113; Information on this form does not exactly match the information provided during the scheduling process. Applicants unable to be fingerprinted will incur a \$10.00 appointment fee; MorphoTrust will refund the remainder of the fee paid (state/federal search fees) to the original payment method.

### **PCN and Receipts:**

Upon the completion of fingerprinting you will be assigned a PCN number. The PCN will be recorded on this form and on your receipt. MorphoTrust will not provide duplicate receipts, PCN Numbers or any appointment/printing information after the time of printing.

| Applicant ID<br>Number:  | Payment<br>Authorization: | PCN:               |
|--------------------------|---------------------------|--------------------|
| Scheduled<br>Day & Date: | Scheduled<br>Time:        | Scheduled<br>Site: |
| Agency Information:      |                           |                    |