

TO ALL APPLICANTS FOR SOLICITOR/PEDDLER PERMIT:

Prior to approval of a solicitor/peddler permit ALL APPLICANTS will be investigated by the Merchantville Police Department.

INFORMATION NEEDED FOR BACKGROUND INVESTIGATIONS:

- 1) Solicitor Permit Application completely filled out by each applicant.
- 2) Acceptable proof of identification.
 - A) Acceptable ID requirements – ID must include Photo, Name, Address, and Date of Birth.
- 3) There is a \$50.00 non – refundable fee for all applicants. This is due and payable when the application is submitted. Cash, check, or money order are acceptable. Check or Money Order should be made payable to the ‘Borough of Merchantville’.

Merchantville Police Department – (856) 662-0507
Merchantville Borough – (856) 662-2474

APPLICATION FORM
(MERCHANTVILLE INVESTIGATIVE UNIT USE)

DATE: _____

TYPE OF APPLICATION

(CHECK PROPER BLOCK)	
LIQUOR LICENSE	<input type="checkbox"/>
PUBLIC AMUSEMENT LICENSE	<input type="checkbox"/>
BILLIARD HALL LICENSE	<input type="checkbox"/>
OTHER <u>Solicitor Permit</u>	<input checked="" type="checkbox"/>

BACKGROUND DATA

INDIVIDUAL APPLICANT'S NAME: _____
(LAST) (MAIDEN) (FIRST) (MIDDLE)

AGE: _____ DATE OF BIRTH: _____ PLACE OF BIRTH: _____

SEX: _____ HEIGHT: _____ WEIGHT: _____ COLOR OF EYES: _____ COLOR OF HAIR: _____

SOCIAL SECURITY #: _____ DRIVER'S LICENSE #/STATE: _____

HOME ADDRESS: _____ # OF YEARS: _____
(STREET) (TOWN) (STATE)

HOME TELEPHONE #: _____ WORK TELEPHONE #: _____

LIST ALL PREVIOUS ADDRESSES FROM AGE 18:

- 1) _____ # OF YEARS _____
- 2) _____ # OF YEARS _____
- 3) _____ # OF YEARS _____
- 4) _____ # OF YEARS _____
- 5) _____ # OF YEARS _____
- 6) _____ # OF YEARS _____

PLEASE PRINT

Name: _____ Age: _____
(Last) (First) (Middle) (Maiden)

Address: _____ Home Phone #: _____
(No./Street) (Town) (State/Zip)

Previous Address: _____

Date of Birth: _____ Place of Birth: _____

Sex: _____ Race: _____ Height: _____ Weight: _____ Hair Color: _____ Eyes: _____

Social Security #: _____ Occupation: _____

Driver's License #: _____ State: _____

Have you ever obtained a Canvasser's Permit? _____ What Police Department? _____

Date obtained: _____

=====
Have you ever been convicted of a crime? _____ Where? _____

Explain: _____

Name of product or service you are soliciting: _____

Name/Address of company or organization you are employed by: _____

Phone #: _____

=====
SECURITY CHECK AUTHORIZATION (Waiver)
=====

As indicated above, I have applied for Non-Criminal Justice employment licensing, or as a volunteer participant in a Block Parent/Helping Hand Type Program. For the purpose of this application, I hereby authorized the release of any Criminal History Record Information maintained by your agency, meeting dissemination criteria for the stated purpose of the Merchantville Police Department and the Borough of Merchantville. Any such information released as a result of this authorization shall be used only for the express purpose of processing the above indicated application.

Signature of Applicant

Date

=====
Police Use Only

APPLICATION FOR

State or Federal Statutes, Rule or Regulation.

Description: _____

Local Ordinance: _____

Non-Criminal #: _____ Date of Application: _____

Application Reviewed by: _____ ID#: _____

MOTHER (include maiden name): _____

FATHER: _____

SISTER (S): (state full name)

BROTHER (S): (state full name)

_____ Age _____	_____ Age _____
_____ Age _____	_____ Age _____
_____ Age _____	_____ Age _____
_____ Age _____	_____ Age _____
_____ Age _____	_____ Age _____
_____ Age _____	_____ Age _____

HIGH SCHOOL – ATTENDED: _____ (NAME)

FROM _____

TO _____

_____ (ADDRESS)

COLLEGE – ATTENDED: _____ (NAME)

FROM _____

TO _____

_____ (ADDRESS)

MILITARY SERVICE: YES ___ NO ___ IF YES, COMPLETE THE FOLLOWING

BRANCH: _____ # OF YEARS: _____ TYPE OF DISCHARGE: _____

DATE OF DISCHARGE: _____

MARITAL STATUS: SINGLE: _____ MARRIED: _____ DIVORCED: _____ WIDOW: _____

NAME OF HUSBAND/WIFE (include maiden name): _____

DOES HE/SHE RESIDE WITH YOU?: YES ___ NO ___ NUMBER OF YEARS MARRIED: _____

ANY PREVIOUS MARRIAGES: _____ (FULL NAME) (ADDRESS)

_____ (FULL NAME) (ADDRESS)

_____ (FULL NAME) (ADDRESS)

LAST NAMES AND AGES OF CHILDREN: (include married name of daughters)

1) _____ AGE _____

2) _____ AGE _____

3) _____ AGE _____

4) _____ AGE _____

5) _____ AGE _____

6) _____ AGE _____

ARE YOU A NATIVE BORN CITIZEN: YES _____ NO _____

IF NO, COMPLETE THE FOLLOWING:

ARE YOU A NATURALIZED CITIZEN: YES _____ NO _____

COUNTRY OF BIRTH: _____

DATE FO ENTRY: _____ PLACE OF ENTRY: _____

IMMIGRATION #: _____

IF NOT A CITIZEN OR NATURALIZED CITIZEN OF THE UNITED STATES OF AMERICA, EXPLAIN STATUS:

HAVE YOU EVER BEEN ARRESTED OR CHARGED WITH ANY CRIMINAL OR DISORDERLY OFFENSE IN THIS STATE OR ANY JURISDICTION: YES _____ NO _____

IF YES, COMPLETE THE FOLLOWING:

NATURE OF ARREST	NAME OF GOVERNMENT AGENCY	DATE	DISPOSITION

PRESENT OCCUPATION: _____

PRESENT EMPLOYER: _____

(NAME)

(ADDRESS)

LIST ALL PREVIOUS EMPLOYERS & OCCUPATIONS FROM LEAVING HIGH SCHOOL TO PRESENT:

EMPLOYED BY	ADDRESS	POSITION	FROM/TO

OATH OF APPLICANT

OATH MAY BE TAKEN BEFORE ANY PERSON AUTHORIZED TO ADMINISTER OATHS

STATE OF _____)

SS

COUNTY OF _____)

The undersigned being duly sworn, upon his/her oath, deposes and says that he/she is the applicant named: that he/she is the person who signed the attached application, comprised of eleven (11) total pages, and that all matters and statement of facts contained in the foregoing application are true and complete, under penalty of New Jersey Penal Codes:

2C:28-2a and 2C:21-3b.

Signature of Applicant

Sworn and subscribed to before
me this _____ day of
_____ 20 _____

NOTARY
SEAL

Notary Public

(Address)

My commission Expires: _____