## WYCKOFF POLICE DEPARTMENT

340 Franklin Avenue, Wyckoff, NJ 07481 (201) 891-2121

## Application for Peddlers/Solicitors/Distributors Non-Profit Making Vendor License

#### INSTRUCTIONS FOR APPLICANT

- Read and follow instructions completely, if your application is not completed correctly you will be contacted and required to pick up your application to make the necessary corrections. Print clearly or type your application; if we cannot read your application it will be returned.
- The Department is required to reject applicants who make any false statements on their application.
- Download or pickup an Application for Peddlers/Solicitors/Distributors at Wyckoffpolice.org or at Wyckoff Police Headquarters.
- Complete the entire application, making sure to include appropriate addresses, zip codes, and spelling of names. Any incomplete information may require the applicant to return to headquarters for proper completion before the application can be reviewed.
- After submitting the completed application at police headquarters the applicant shall then be referred to the NJSP CHRI website where they will submit for a criminal history check. (See page 2)

#### WYCKOFF POLICE DEPARTMENT

340 Franklin Avenue, Wyckoff, NJ 07432 (201) 891-2121

## Application for Peddlers/Solicitors/Distributors Non-Profit Making Vendor License

### INSTRUCTIONS FOR CRIMINAL HISTORY BACKGROUND CHECK

Your application for a Peddlers/Solicitors/Distibutors license requires a name check of your criminal history. **The applicant is responsible for any fees the NJSP may charge for this background check.** It is unlawful to provide false information. This online form may only be submitted AFTER your paper application is submitted at police headquarters.

Only <u>after being instructed to do so</u> go to the following website where you can complete the form and submit for a criminal background check via the NJSP.

https://www.njportal.com/njsp/criminalrecords/

Wyckoff Police ORI: NJ0027000

**Reason for filing request:** Local Ordinance

In the text box write, "Solicitor's Permit Application" and include the name of your employer.

After form is submitted, you will receive notification of the approval or denial of your application within 10 days.

# WYCKOFF POLICE DEPARTMENT SCOTT PLAZA

## **WYCKOFF, NEW JERSEY 07481**

(201) 891-2121

FAX (201) 891-2850

# Application for Peddlers/Solicitors/Distributors or Non-profit Making Vendor License

			Badge #:	
File #:		License Type:	Date:	
Name:			Phone:	
Address:	DOB			
Age:	DOB:	Weight:	Height:	
Hair Color:		Eye Color:	Race:	
Social Security #:		Driver's License #:		
Employed by:		Address:		
Supervisor:		Phone:		
Type of mercl	handise soliciting:			
Vehicle used: Make:		Model:	Year: Color:	
Registration #:		State of	Registration:	
Have you ever	r heen arrested?	For what?		
Location of arrest:		Disposition of arrest:		
References:		- -		
Name:		Address:	Phone:	
Name:		Address:	Phone:	
			Phone:	
Residences	for the past five	years:		
Date:	Address:			
Data	Addross:			

Do you presently ha	ve a State or Count	y License?:
Type of License:		Number:
I certify the within state the foregoing statements	ments are true to the bo made by me are willfu	est of my knowledge, information, and belief. I am aware that if any of lly false, I am subject to punishment.
Signature of applican	nt:	Date:
	DO NOT	WRITE BELOW THIS LINE
MARS:		
NCIC:		
SCIC:		
DMV:		
		Record check by:
Additional informati	ion:	
Deposit:	Fee:	
Approved:	Denied:	
Chief of Police	<del></del>	Date