

**WYCKOFF POLICE DEPARTMENT
SCOTT PLAZA WYCKOFF,
NEW JERSEY 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)

**Application for Peddlers/Solicitors/Distributors
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INSTRUCTIONS FOR CRIMINAL HISTORY BACKGROUND CHECK

Your application for a Peddlers/Solicitors/Distributors 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 after being instructed to do so 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.

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

Badge #: _____

File #: _____ License Type: _____ Date: _____

Applicant Information:

Name (First, Middle, Last): _____

Address: _____

Home Telephone: _____ Mobile Telephone: _____

Age: _____ DOB: _____ Weight: _____ Height: _____

Hair Color: _____ Eye Color: _____ Race: _____

Social Security #: _____ Drivers License #: _____

Have you been arrested? _____ For what? _____

Location of Arrest: _____ Disposition of Arrest: _____

Company Information:

Employed By: _____ Supervisor: _____

Address: _____

Telephone: _____ Merchandise Selling: _____

Vehicle Information:

Make: _____ Model: _____ Year: _____

Color: _____ Registration: _____ State of Registration: _____

References:

Name: _____ Telephone: _____

Address: _____

Name: _____ Telephone: _____

Address: _____

Name: _____ Telephone: _____

Address: _____

Residences For Past Five Years:

Date: _____ Address: _____

Date: _____ Address: _____

Date: _____ Address: _____

Date: _____ Address: _____

Date: _____ Address: _____

Do you presently have a State or County license? _____

Type of License: _____ Number: _____

I certify the within statements are true to the best of my knowledge, information, and belief. I am aware that if that any of the forgoing statements made by me are willfully false, I am subject to punishment.

Signature of Applicant: _____ Date: _____

*****--Official Use Only--*****

NJ CHRI returned:

Results:

Additional Information:

Deposit: _____

Fee: _____

Approved: _____

Denied: _____

Chief of Police

Date

