

**ELMWOOD PARK POLICE DEPARTMENT
182 MARKET STREET
ELMWOOD PARK, N.J. 07407**

Application for Permit to Solicit/Peddle

LAST NAME: _____ FIRST NAME: _____ MI: _____

ADDRESS: _____ CITY/STATE/ZIP: _____

DOB: __/__/19__ AGE: _____ PLACE OF BIRTH: _____

CITIZEN: _____ S.S. #: _____ SEX: _____ HEIGHT: _____

WEIGHT: _____ HAIR: _____ EYES: _____

SCARS/MARKS/TATTOOS: _____

OCCUPATION: _____ EMPLOYER: _____

ADDRESS OF EMPLOYER: _____

BUSINESS PHONE: _____ HOME PHONE: _____

HAVE YOU EVER BEEN ARRESTED FOR ANY OFFENSE THAT HAS NOT BEEN
EXPUNGED OR SEALED: _____

FOR WHAT REASON AND WHERE DO YOU WISH TO SOLICIT: _____

SIGNATURE: _____ DATE: _____

DO NOT WRITE BELOW THIS LINE

OFFICER IN CHARGE OF I.D. UNIT: APPROVED: YES: _____ NO: _____

CHIEF OF POLICE: APPROVED: YES: _____ NO: _____