

Montvale Police Department

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APPLICATION FOR: PEDDLER / SOLICITOR / DISTRIBUTOR / NON-PROFIT / VENDOR \$50.00

| DATE: | | NO.: | | |
|--|------------------------------------|----------------------------|--------------------------|--|
| NAME: | | TELEPHONE: | | |
| ADDRESS: | CELL: | | | |
| DATE OF BIRTH | PLACE OF BIRTH: | CE OF BIRTH: SCARS/TATTOOS | | |
| SEX: RACE: | HEIGHT: WEIGHT: | EYE COLOR: | HAIR: | |
| SOCIAL SECURITY NO.: | OCCUPATI | ON: | | |
| EMPLOYER: | TELEPI | IONE: | | |
| ADDRESS: | | | | |
| | | | | |
| HAVE YOU EVER BEEN AR | RESTED: PLACE OF A | ARREST: | | |
| REASON FOR ARREST: | ST:DISPOSITION: | | | |
| REFERENCES: NAMES AND ADDRESSES OF 3 U | JNRELATED REPUTABLE INDIVIDUALS WI | HO ARE PERSONALLY ACQUA | INTED WITH THE APPLICANT | |
| | TELEPHO | | | |
| | TELEPHO | | CELL: | |
| NAME: | TELEPHO | ONE: | CELL: | |
| | AST FIVE YEARS INCLUDING D | | | |
| | | | | |
| | | DATES: DATES: | | |
| | OR COUNTY LICENCSE? T | | | |
| DO YOU POSSESS A VALID | PEDDLER / SOLICITOR / VENDOR | LICENSE IN ANY OTHER | CITY/TOWN? | |
| CITY/TOWN; | | LICENSE NO.: | | |
| CITY/TOWN; | | LICENSE | NO.: | |
| THE ABOVE ANSWERS AR | TRUE TO THE BEST OF MY ABILIT | | IGNATURE | |
| | CAUSED TO BE INVESTIGATED THE | E APPLICANT AND FROM | 1 THE RESULTS OF SUCH | |
| THISDAY OF | 20 | | | |
| | | MONTVALE POLICE DEPAR | RTMENT | |

PROPERLY COMPLETED AND SIGNED APPLICATION WILL BE PRESENTED TO THE CHIEF OF POLICE WHO WILL INVESTIGATE OR CAUSE TO BE INVESTIGATED THE STATEMENTS MADE THEREIN.