

WYCKOFF POLICE DEPARTMENT
SCOTT PLAZA
WYCKOFF, NJ 07481-1907
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: _____ City/State/Zip _____

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

Hair Color: _____ Eye Color: _____ Race: _____

Social Security #: _____ Driver's License # _____

Employed by: _____ Address: _____

Supervisor: _____ Phone: _____

Type of merchandise soliciting: _____

Vehicle Used: Make: _____ Model: _____ Year: _____ Color: _____

Registration #: _____ State of Registration: _____

Have you ever been arrested?: _____ For what?: _____

Location of arrest: _____ Disposition of arrest: _____

References:

Name: _____ Address: _____ Phone: _____

Name: _____ Address: _____ Phone: _____

Name: _____ Address: _____ Phone: _____

Residences for the past five years:

Date: _____ Address: _____

Date: _____ Address: _____

Date: _____ Address: _____

Date: _____ Address: _____

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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 any of the foregoing statements made by me are willfully false, I am subject to punishment.

Signature of applicant: _____

Date: _____

FOR POLICE DEPARTMENT USE ONLY

CODY: _____ NCIC: _____ SCIC: _____ MVC: _____

Record check by: _____

Additional information: _____

Deposit: _____

Fee: _____

Approved: _____

Denied: _____

Chief of Police _____

Date: _____