

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: _____

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: _____

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

Signature of applicant: _____ Date: _____

DO NOT WRITE BELOW THIS LINE



MARS: _____

NCIC: _____

SCIC: _____

DMV: _____

Record check by: _____

Additional information: _____

Deposit: _____ Fee: _____

Approved: _____ Denied: _____

Chief of Police

Date