



DEMAREST POLICE DEPARTMENT

118 Serpentine Road
Demarest, New Jersey 07627
HQ: 201-768-1540 Fax: 201-768-8755



Solicitor Permit Application

Name: _____ DOB: _____

Sex: _____ Race: _____ Height: _____ Weight: _____ Eye color: _____ Hair: _____

Social Security No.: _____ Occupation: _____

Drivers License State: _____ D/L#: _____

Vehicle used during soliciting Make: _____ Model: _____ Color: _____

Year: _____ State: _____ Reg# _____

Have you ever been arrested: _____ Place of Arrest: _____

Reason for Arrest: _____

Disposition: _____

Business:

Name of Business Represented: _____

Nature of Business: _____

Business Address: _____

Description of goods or services to be sold: _____

List most recent communities where licenses have been issued: _____

References:

Please provide three business references: (Name, Address, Phone Number)

- (1) _____
- (2) _____
- (3) _____

Residence for the past five years including dates:

Address: _____ Dates: _____

Address: _____ Dates: _____

Address: _____ Dates: _____

*****Attach to application a letter from the business or firm which you represent authorizing you to act as its representative.***

***** 2 Passport sized photos must be submitted with this application***

*****A processing fee of (\$50) fifty dollars will be charged per individual applicant.
Please make all check(s) payable to: BOROUGH OF DEMAREST***

I have read and answered all the above questions honestly and truthfully to the best of my ability: _____

Signature

Background check conducted by: _____

Signature of issuing officer: _____

Permit #: _____

Date: _____