



Emerson Police Department

1 Municipal Place, Emerson, N.J. 07630
HQ: (201) 262-2800 FAX: (201) 262-2886

Application for Solicitor's Permit

(Applicant must provide (2) Passport sized photographs for Solicitor permit creation)

Michael Mazzeo
Chief of Police

Date: _____ Permit Number: _____

Business Name: _____ Business Phone #: _____

Business Address: _____

Applicant's Name: _____, _____ M.I.
LAST NAME FIRST NAME

Applicant's Address: _____

Applicant's Phone #: _____
CELL HOME WORK

DOB AGE HEIGHT WEIGHT EYE COLOR HAIR COLOR RACE

SOCIAL SECURITY # DRIVER'S LICENSE NUMBER STATE

Vehicle utilized (Make/Model/Year/Color): _____

Type of merchandise/service offered for sale: _____

List addresses in the last (3) years:

STREET ADDRESS CITY STATE ZIP CODE

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Have you ever been convicted of any crime, misdemeanor, disorderly persons offense or ordinance violation? (Y / N)

If Yes, state the nature of the offense or violation: _____

List the Municipalities in NJ where this applicant has solicited in the past (3) years: _____

Have you ever been denied a solicitor's permit? Yes No If yes, Where and why? _____

NJ Criminal History record check is required. It is upon the applicant to complete the Online Form 212A (\$20 Online Fee)

<https://www.njportal.com/njsp/criminalrecords/>

Providing false or misleading information on this application is a Disorderly Persons Offense under NJSA 2C:28-3.

I hereby certify the facts set forth on this application are true and complete. I hereby agree to all terms, restrictions, conditions and limitations set forth in this permit and by the Emerson Borough Ordinances.

Signature: X _____ Date: _____

POLICE USE ONLY:

FEES PAID: Yes No

APPROVED DENIED

INVESTIGATING OFFICER: _____ APPROVED BY: _____

CHIEF OF POLICE