



Emerson Police Department

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

Application for Solicitor's Permit

Mark Savino
Chief of Police

Date: _____

Business Name: _____ Business Phone #: _____

Business Address: _____

Applicant's Name: _____

LAST NAME

FIRST NAME

M.I.

Applicant's Address: _____

Applicant's Phone #: _____

CELL

HOME

WORK

DOB AGE HEIGHT WEIGHT EYE COLOR HAIR COLOR RACE

SOCIAL SECURITY # DRIVER'S LICENSE NUMBER DL 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 & jurisdiction 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? _____

Signature of Applicant: _____

POLICE USE ONLY:

FEES PAID: Yes No

APPROVED

DENIED

Permit Number: _____

INVESTIGATING OFFICER: _____ APPROVED BY: _____

CHIEF OF POLICE