## HO-HO-KUS POLICE DEPARTMENT

APPLICANT'S LAST NAME FIRST NAME M.I.  PERMANENT ADDRESS: STREET CITY STATE  LOCAL ADDRESS: STREET CITY STATE  PHONE NUMBER: AREA CODE ()  DATE OF BIRTH PLACE OF BIRTH: CITY STATE  SCOIAL SECURITY # DRIVERS LICENSE # AGE HEIGHT WEIGHT EYES HAIR  LENGTH OF TIME FOR WHICH LICENSE IS DESIRED  IS APPLICANT A VETERAN OR EXEMPT FIREMAN  IF VETERAN, DO YOU HOLD N.J. VETERAN'S LICENSE COUNTY HAS APPLICANT EVER HAD A PERMIT IN THIS BOROUGH PRIOR TO THIS DATE  IF YES, WHEN WAS IT ISSUED WAS IT REVOKED OR EXPIRED  IF A CAR WILL BE USED WHILE IN THE BOROUGH, FILL IN THE FOLLOWING:  MAKE OF VEHICLE FLATE STATE COLOR  WILL IT HAVE ANY OTHER OCCUPANTS IF YES, HOW MANY  EMPLOYER'S NAME CITY PHONE  MANAGER'S NAME: PHONE  DESCRIPTION OF GOODS BEING SOLD, LEASED, OR DISTRIBUTED, WHERE GOODS ARE MANUFACTURED, WHERE  GOODS ARE LOCATED AT PRESENT TIME AND METHOD OF DELIVERY.  HAS APPLICANT EVER BEEN CONVICTED OF ANY CRIME, MISDEMEANOR OR VIOLATION OF ANY MUNICIPAL ORDINANCE  IF YES, WHERE DATE OF CONVICTION  SENTENCE  NAMES, ADDRESS & PHONE NUMBERS OF 2 PROPERTY OWNERS IN BERGEN COUNTY WHO WILL CERTIFY TO APPLICANTS CHARACTER:	APPLICATION FOR: SOLICITING	CANVASSING	HAND BII	LS
PERMANENT ADDRESS: STREET CITY STATE  LOCAL ADDRESS: STREET CITY STATE  PHONE NUMBER: AREA CODE (	ADDITCANTIS IAST NAME	EIDST NAME		М Т
DOCAL ADDRESS: STREET				
PHONE NUMBER: AREA CODE ()  DATE OF BIRTH PLACE OF BIRTH: CITY STATE  SOCIAL SECURITY # DRIVERS LICENSE #				
DATE OF BIRTH				JIAIL
SOCIAL SECURITY #		OF BIRTH. CITY		STATE
AGE				
LENGTH OF TIME FOR WHICH LICENSE IS DESIRED				
IS APPLICANT A VETERAN OR EXEMPT FIREMAN  IF VETERAN, DO YOU HOLD N.J. VETERAN'S LICENSE				
IF VETERAN, DO YOU HOLD N.J. VETERAN'S LICENSE	LENGTH OF TIME FOR WHICH LICENSE IS D	ESIRED		
HAS APPLICANT EVER HAD A PERMIT IN THIS BOROUGH PRIOR TO THIS DATE	IS APPLICANT A VETERAN OR EXEMPT FIRE	MAN		
IF YES, WHEN WAS IT ISSUED WAS IT REVOKED OR EXPIRED  IF A CAR WILL BE USED WHILE IN THE BOROUGH, FILL IN THE FOLLOWING:  MAKE OF VEHICLE PLATE # STATE COLOR  WILL IT HAVE ANY OTHER OCCUPANTS IF YES, HOW MANY  EMPLOYER'S NAME  ADDRESS: STREET CITY PHONE  MANAGER'S NAME: PHONE  DESCRIPTION OF GOODS BEING SOLD, LEASED, OR DISTRIBUTED, WHERE GOODS ARE MANUFACTURED, WHERE GOODS ARE LOCATED AT PRESENT TIME AND METHOD OF DELIVERY  HAS APPLICANT EVER BEEN CONVICTED OF ANY CRIME, MISDEMEANOR OR VIOLATION OF ANY MUNICIPAL ORDINANCE  IF YES, WHERE DATE OF CONVICTION  SENTENCE  NAMES, ADDRESS & PHONE NUMBERS OF 2 PROPERTY OWNERS IN BERGEN COUNTY WHO WILL CERTIFY TO	IF VETERAN, DO YOU HOLD N.J. VETERAN'	S LICENSE	COUNTY	
IF A CAR WILL BE USED WHILE IN THE BOROUGH, FILL IN THE FOLLOWING:  MAKE OF VEHICLEPLATE #STATECOLOR  WILL IT HAVE ANY OTHER OCCUPANTSIF YES, HOW MANY  EMPLOYER'S NAME ADDRESS: STREETCITYPHONE  MANAGER'S NAME:PHONE  DESCRIPTION OF GOODS BEING SOLD, LEASED, OR DISTRIBUTED, WHERE GOODS ARE MANUFACTURED, WHERE GOODS ARE LOCATED AT PRESENT TIME AND METHOD OF DELIVERY  HAS APPLICANT EVER BEEN CONVICTED OF ANY CRIME, MISDEMEANOR OR VIOLATION OF ANY MUNICIPAL ORDINANCE  IF YES, WHEREDATE OF CONVICTION  SENTENCE  NAMES, ADDRESS & PHONE NUMBERS OF 2 PROPERTY OWNERS IN BERGEN COUNTY WHO WILL CERTIFY TO	HAS APPLICANT EVER HAD A PERMIT IN TH	IS BOROUGH PRIOR T	O THIS DATE_	
MAKE OF VEHICLE PLATE # STATE COLOR WILL IT HAVE ANY OTHER OCCUPANTS IF YES, HOW MANY  EMPLOYER'S NAME ADDRESS: STREET CITY PHONE  DESCRIPTION OF GOODS BEING SOLD, LEASED, OR DISTRIBUTED, WHERE GOODS ARE MANUFACTURED, WHERE GOODS ARE LOCATED AT PRESENT TIME AND METHOD OF DELIVERY.  HAS APPLICANT EVER BEEN CONVICTED OF ANY CRIME, MISDEMEANOR OR VIOLATION OF ANY MUNICIPAL ORDINANCE  IF YES, WHERE DATE OF CONVICTION  SENTENCE  NAMES, ADDRESS & PHONE NUMBERS OF 2 PROPERTY OWNERS IN BERGEN COUNTY WHO WILL CERTIFY TO	IF YES, WHEN WAS IT ISSUED	WAS IT REVOK	ED OR EXPIRE	D
WILL IT HAVE ANY OTHER OCCUPANTS	IF A CAR WILL BE USED WHILE IN THE BO	ROUGH, FILL IN THE	FOLLOWING:	
EMPLOYER'S NAME  ADDRESS: STREET	MAKE OF VEHICLEPLATE #		_STATE	COLOR
ADDRESS: STREETCITYPHONE	WILL IT HAVE ANY OTHER OCCUPANTS	IF YES,	HOW MANY	
ADDRESS: STREETCITYPHONE				
MANAGER'S NAME:	EMPLOYER'S NAME			
DESCRIPTION OF GOODS BEING SOLD, LEASED, OR DISTRIBUTED, WHERE GOODS ARE MANUFACTURED, WHERE GOODS ARE LOCATED AT PRESENT TIME AND METHOD OF DELIVERY.  HAS APPLICANT EVER BEEN CONVICTED OF ANY CRIME, MISDEMEANOR OR VIOLATION OF ANY MUNICIPAL ORDINANCE  IF YES, WHERE  DATE OF CONVICTION  SENTENCE  NAMES, ADDRESS & PHONE NUMBERS OF 2 PROPERTY OWNERS IN BERGEN COUNTY WHO WILL CERTIFY TO	ADDRESS: STREET	CITY	PHONE_	
GOODS ARE LOCATED AT PRESENT TIME AND METHOD OF DELIVERY.  HAS APPLICANT EVER BEEN CONVICTED OF ANY CRIME, MISDEMEANOR OR VIOLATION OF ANY MUNICIPAL ORDINANCE  IF YES, WHERE  DATE OF CONVICTION  SENTENCE  NAMES, ADDRESS & PHONE NUMBERS OF 2 PROPERTY OWNERS IN BERGEN COUNTY WHO WILL CERTIFY TO	MANAGER'S NAME:		PHONE	
ORDINANCE				
SENTENCE		ANY CRIME, MISDEME	EANOR OR VIO	LATION OF ANY MUNICIPA
NAMES, ADDRESS & PHONE NUMBERS OF 2 PROPERTY OWNERS IN BERGEN COUNTY WHO WILL CERTIFY TO	IF YES, WHERE	DATE OF CONV	ICTION	
	SENTENCE			
1. 2.	APPLICANTS CHARACTER:  1.			
DATE OF APPLICATIONAPPLICANT'S SIGNATURE				
FINGER PRINTED BYAPPROVED BY	DATE OF APPLICATIONAPPLICAN	T'S SIGNATURE		
APPLICATION FEE (\$25.)REC'D				
DATE OF APPROVALLICENSE FEE (\$25.)REC'DLICENSE #	FINGER PRINTED BY	APPRO	VED BY	

Attach photo here