BOROUGH OF BERGENFIELD

APPLICATION FOR PEDDLER'S LICENSE

TYPE A PEDDLER BY FOOT

TYPE B PEDDLER BY TRUCK

The undersigned hereby makes application for a Peddler's License under the provision of Ord. # 2202 and submits the following facts in support thereof:

NAME: _____ **DATE:** _____

STREET: _____ **PHONE:** _____

CITY: _____, **STATE** _____ **ZIP:** _____

DATE OF BIRTH: ____/____/_____ **PLACE OF BIRTH:** _____

AGE: _____ **SOCIAL SECURITY #:** _____/____/_____

DRIVER'S LICENSE # : _____ **EXPIRATION DATE:** _____

ARTICLES TO BE SOLD: _____

"PEDDLER TRUCK TYPE" – TYPE OF VEHICLE: _____

MODEL: _____ **YEAR:** _____ **PLATE #:** _____

NAME OF COMPANY: _____

ADDRESS: _____

TELEPHONE #: _____ **LOCAL MANAGER:** _____

REFERENCES:

NAME	ADDRESS	PHONE#

ARE YOU A VETERAN OR AN EXEMPT FIREMAN: YES: _____ **N0:** _____

HAVE YOU EVER APPLIED FOR A LICENSE HERE BEFORE: YES: _____ **NO:** _____

IF YES, WHAT TYPE: _____

HAVE YOU EVER BEEN ARRESTED? Yes _____ No _____

IF YES, COMPLETE THE FOLLOWING:

DATE OF ARREST	CHARGE	TOWN	DISPOSITION
(1)			
(2)			
(3)			
(4)			
(5)			

SEX _____ HEIGHT _____ WEIGHT _____ EYES (COLOR) _____

HAIR (COLOR) _____ RACE _____ COMPLEXION _____

_____
APPLICANT'S SIGNATURE

****For Official Use Only****

DATE OF APPROVAL: _____ BY WHOM: _____

DATE LIC ISSUED: _____ BY WHOM: _____

LICENSE #: _____ EXPIRATION DATE: _____

FEE PAID: $_____

IDENTIFICATION REQUIRED WITH PHOTO:

DRIVERS LICENSE: _____

PASSPORT: _____

OTHER: _____

_____ Application Accepted by Borough

_____ Application Accepted by Records

_____ Background Check

Borough of Bergenfield

Police Department

198 North Washington Avenue
Bergenfield, New Jersey
07621

Phone
201-387-4000
Fax
201-387-0141

Michael F. Monaghan
Chief-of-Police

PEDDLER/SOLICITOR PERMIT
AUTHORIZATION TO RELEASE INFORMATION

To Whom It May Concern:

I hereby authorize any Police Officer of the Bergenfield Police Department, bearing this release, or copy of this release, to check any records they have for any outstanding warrants, and to check any provided references, based on my name, date of birth and social security number provided on the Application for a **Peddler Permit** for the Borough of Bergenfield, Bergen County, New Jersey. I understand a check will be made in the following areas:

- NCIC/SCIC Wanted Person
- Automated Complaint System (ACS)
- Automated Traffic System (ATS)
- NJ Wanted Person
- CODY (Warrant Record System for Bergen County law enforcement)
- Local in-house computer check (Bergenfield Police Department)
- Local warrant check in city/municipality of residence

This release shall expire one year from the date of signing unless revoked sooner by the undersigned.

NAME: _____ **DATE of BIRTH** _____
(Printed)

_____ **S.S. #** _____
(Signature)

_____
(Address) (Telephone)

_____
(Date)

Results:

Checked by: Date: