*Riverton Police Department*

501 FIFTH STREET

RIVERTON, NEW JERSEY 08077

JOHN B. SHAW, JR. (856) 829-1212

CHIEF OF POLICE FAX: (856) 829-1412

SOLICITOR / VENDOR / PEDDLER PERMIT REGISTRATION FORM

PERSONAL INFORMATION

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| NAME | ADDRESS | CITY | STATE | ZIP |
|  |  |  |  |  |
| DATE OF BIRTH | DRIVER'S LICENSE # / STATE | PHONE |
|  |  |  |
| AGE | RACE | HEIGHT | WEIGHT | GENDER |
|  |  |  |  |  |
| SOCIAL SEC # | FACIAL HAIR Y/N | HAIR | EYES | EMAIL ADDRESS |
|  |  |  |  |  |

### *COMPANY INFORMATION*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| NAME | ADDRESS | CITY | STATE | ZIP |
|  |  |  |  |  |
| PHONE # | CELL PHONE # |  |  | INSURANCE CO. |
|  |  |  |  |  |

***VEHICLE INFORMATION***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| MODEL | COLOR | TAG NUMBER | STATE | INSURANCE CO/ POLICY # |
|  |  |  |  |  |

***Two (2) Burlington County, NJ Business References***

|  |  |
| --- | --- |
| *1* | *2* |

Have you ever been convicted of any crime, misdemeanor or violation of any municipal ordinance?

Yes ( \_\_\_\_ ) No ( \_\_\_\_ ) If yes, state nature of offense and the punishment or penalty.

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

***IMPORTANT:*** *Two PHOTOGRAPHS (2" x 2") taken within 60 days of application and clearly showing head and shoulders of applicant must be submitted along with a copy of applicant's current driver's license. A non-refundable application fee of $50.00 must be turned in with the application ($25 fee for each additional person). Applications* ***will not be processed*** *until fee is received.*

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Applicant Signature

**APPROVED ( \_\_\_\_ ) DISAPPROVED ( \_\_\_\_ )**

***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

 ***Chief of Police Signature Date***