

MOUNT LAUREL TOWNSHIP MUNICIPAL CENTER

100 MOUNT LAUREL ROAD MOUNT LAUREL, NEW JERSEY 08054

APPLICATION FOR SOLICITOR'S SPECIAL PERMIT

(Religious, Charitable, Nonprofit Organizations and Honorably Discharged Veterans who Possess a State Peddlers License are exempt from the fee)

Name of Applicant:				
	Last	First	Mide	dle
Address:Street			Ctate	7:-
Street		City	State	e Zip
Date of Birth:		SS#:		
Telephone:		Race:		
Name and Address Of Organization:				
State ID#:	Fe	leral Tax Exempt #		
Names and Addresses of Officers of Organization:			If applicable	
Names and Addresses of Representatives who will Solicit, sell, canvass or Distribute goods in Twp:				
Description of wares and Purpose for donations:				
Expiration Date of Permit				
Date of Application		Applica	nt's Signature	
Approved () Denied	d()			icipal Clerk)234-0001 x 1236
Chief of Police	Date			

NEW JERSEY STATE POLICE, STATE BUREAU OF IDENTIFICATION REQUEST FOR CRIMINAL HISTORY RECORD INFORMATION

ODI Numb

(Last Name)	(First Name)	(Middle)
Address		
Date of Birth	SS#	Male or Female
Check appropriate box	to indicate the purpose of the requ	est and complete all other required information
Criminal Justi	ce Purpose (Code C) Security chec	authorization waiver not required
		Rauthorization waiver <u>not required</u> .
Request for FE	BI Record Check (If this request is	for a Criminal Justice Purpose and you desire a check of the Fl
Request for FE identification I		for a Criminal Justice Purpose and you desire a check of the Fl the subjects
Request for FE identification I FSI number (if	BI Record Check (If this request is Bureau Files, check this box, fill in	for a Criminal Justice Purpose and you desire a check of the Fl the subjects uplicate.)
Request for FE identification I FSI number (if Block Parent/Helping I	BI Record Check (If this request is Bureau Files, check this box, fill in f known) and submit this form in d	for a Criminal Justice Purpose and you desire a check of the Fl the subjects uplicate.) k authorization is required) ode E)
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As indicated above, I have applied for Non-Criminal justice employment, licensing or as a volunteer participant in a Block, Parent/Helping Hand Type Program. For the purpose of this application. I hereby authorize the release of any Criminal History Record Information maintained by your agency, meeting dissemination criteria for the stated purpose to the Mount Laurel Township Department of Public Safety. Any such information released as a result of this authorization shall be used for the express purpose of processing the above indicated application

X	
Signature of Applicant	
X	
Date	