

**WYCKOFF POLICE DEPARTMENT**

340 Franklin Avenue, Wyckoff, NJ 07481  
(201) 891-2121

**Application for Peddlers/Solicitors/Distributors  
Non-Profit Making Vendor License**

***INSTRUCTIONS FOR APPLICANT***

**Read and follow instructions completely, if your application is not completed correctly you will be contacted and required to pick up your application to make the necessary corrections. Print clearly or type your application; if we cannot read your application it will be returned.**

**The Department is required to reject applicants who make any false statements on their application.**

Download or pickup an Application for Peddlers/Solicitors/Distributors at [Wyckoffpolice.org](http://Wyckoffpolice.org) or at Wyckoff Police Headquarters.

Complete the entire application, making sure to include appropriate addresses, zip codes, and spelling of names. Any incomplete information may require the applicant to return to headquarters for proper completion before the application can be reviewed.

After submitting the completed application at police headquarters the applicant shall then be referred to the NJSP CHRI website where they will submit for a criminal history check. (See page 2)

**WYCKOFF POLICE DEPARTMENT**  
340 Franklin Avenue, Wyckoff, NJ 07432  
(201) 891-2121

**Application for Peddlers/Solicitors/Distributors  
Non-Profit Making Vendor License**

***INSTRUCTIONS FOR CRIMINAL HISTORY BACKGROUND CHECK***

Your application for a Peddlers/Solicitors/Distributors license requires a name check of your criminal history. **The applicant is responsible for any fees the NJSP may charge for this background check.** It is unlawful to provide false information. This online form may only be submitted AFTER your paper application is submitted at police headquarters.

Only after being instructed to do so go to the following website where you can complete the form and submit for a criminal background check via the NJSP.

<https://www.njportal.com/njsp/criminalrecords/>

**Wyckoff Police ORI:** NJ0027000

**Reason for filing request:** Local Ordinance

In the text box write, "Solicitor's Permit Application" and include the name of your employer.

After form is submitted, you will receive notification of the approval or denial of your application within 10 days.

**WYCKOFF POLICE DEPARTMENT**  
**SCOTT PLAZA**  
**WYCKOFF, NEW JERSEY 07481**  
**(201) 891-2121**  
**FAX (201) 891-2850**

**Application for Peddlers/Solicitors/Distributors  
or Non-profit Making Vendor License**

Badge #: \_\_\_\_\_

File #: \_\_\_\_\_ License Type: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Age: \_\_\_\_\_ DOB: \_\_\_\_\_ Weight: \_\_\_\_\_ Height: \_\_\_\_\_

Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Race: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Driver's License #: \_\_\_\_\_

Employed by: \_\_\_\_\_ Address: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_

Type of merchandise soliciting: \_\_\_\_\_

Vehicle used: Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_ Color: \_\_\_\_\_

Registration #: \_\_\_\_\_ State of Registration: \_\_\_\_\_

Have you ever been arrested?: \_\_\_\_\_ For what?: \_\_\_\_\_

Location of arrest: \_\_\_\_\_ Disposition of arrest: \_\_\_\_\_

**References:**

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**Residences for the past five years:**

Date: \_\_\_\_\_ Address: \_\_\_\_\_

Date: \_\_\_\_\_ Address: \_\_\_\_\_

Date: \_\_\_\_\_ Address: \_\_\_\_\_

Date: \_\_\_\_\_ Address: \_\_\_\_\_

Date: \_\_\_\_\_ Address: \_\_\_\_\_

Do you presently have a State or County License?: \_\_\_\_\_

Type of License: \_\_\_\_\_ Number: \_\_\_\_\_

*I certify the within statements are true to the best of my knowledge, information, and belief. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment.*

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_

DO NOT WRITE BELOW THIS LINE



MARS: \_\_\_\_\_

NCIC: \_\_\_\_\_

SCIC: \_\_\_\_\_

DMV: \_\_\_\_\_

Record check by: \_\_\_\_\_

Additional information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Deposit: \_\_\_\_\_ Fee: \_\_\_\_\_

Approved: \_\_\_\_\_ Denied: \_\_\_\_\_

\_\_\_\_\_  
Chief of Police

\_\_\_\_\_  
Date