

BOROUGH OF
HILLSDALE
New Jersey

LICENSE/PERMIT FOR: SOLICITOR'S PERMIT

NAME:		D.O.B.:		EMAIL ADDRESS	
RESIDENCE:			CITY:		STATE: ZIP CODE
HOME #:		WORK #:		CELL #:	
NO. OF YEARS:	SS#:		DL#:		
*VEHICLE YEAR: (If applicable)	MAKE:	MODEL:	COLOR:	License Plate #:	
*BUSINESS/CORPORATE NAME/ADDRESS/PHONE NO. (if applicable):					
*PREVIOUSLY LICENSED IN OTHER TOWN (S), PLEASE LIST (if applicable):					
CONVICTED OF CRIME?		YES: <input type="checkbox"/>		NO: <input type="checkbox"/>	
IF YES, INDICATE PLACE OF ARREST, DATE OF CONVICTION AND DISPOSITION:					
~PLEASE CHECK ONE OF THE FOLLOWING~					
<input type="checkbox"/> ANNUAL License/Permit Valid until 12/31 current year		<input type="checkbox"/> TEMPORARY License/Permit Not to exceed three (3) days		<input type="checkbox"/> OBSTRUCTION Permit Not to exceed ten (10) days	
*LOCATION/DESCRIPTION OF EVENT (if applicable):					
<input type="checkbox"/> IF BOX IS CHECKED, TWO (2) PASSPORT SIZE PHOTOS (NO PHOTOCOPIES) OF LICENSE/PERMIT BEARER ARE REQUIRED TO BE SUBMITTED WITH THIS APPLICATION					
SIGNATURE OF APPLICANT:				DATE:	
FOR BOROUGH USE ONLY~APPROVALS					
LICENSE/PERMIT #		FEE PAID \$ _____		DATE ISSUED ___/___/___	
POLICE CHIEF:		DATE:			
INVESTIGATION COMPLETE: Yes <input type="checkbox"/> No <input type="checkbox"/>					
DETECTIVE BUREAU:		DATE:			
HEALTH OFFICER:		DATE:			
BOROUGH CLERK:		DATE:			

Cc: Police Department, D.P.W, C.C.O.