

Thomas M. Shine  
*Chief of Police*



## **OLD TAPPAN POLICE DEPARTMENT**

21 RUSSELL AVENUE-OLD TAPPAN, NJ 07675  
(201) 664-1221

### **BOROUGH OF OLD TAPPAN SOLICITORS APPLICATION INSTRUCTIONS**

1. APPLICANT MUST HAVE THREE (3) REFERENCES, ALL WITH FULL NAMES, ADDRESSES, ZIP CODES AND TELEPHONE NUMBERS. ADVISE THESE REFERENCES THAT THEY WILL BE CONTACTED BY MAIL.
2. THE PERMIT IS ONLY GOOD FOR ONE (1) CALENDAR YEAR. ALL EMPLOYEES MUST OBTAIN THEIR OWN PERMIT.
3. MAKE SURE YOU DATE AND SIGN THE APPLICATION.
4. APPLICANT MUST SUPPLY TWO (2) 2X2 COLOR PHOTOS THAT SHOW THE HEAD AND SHOULDER AREA. PHOTOS MUST HAVE BEEN TAKEN WITHIN THE LAST YEAR.
5. PLEASE WRITE LEGIBLY AND FILL APPLICATION OUT COMPLETELY.
6. THERE IS AN APPLICATION FEE OF \$25.00. PAYMENT CAN BE MADE IN THE FORM OF CASH, CHECK OR MONEY (PAYABLE TO THE BOROUGH OF OLD TAPPAN) AT THE TIME THE APPLICATION HAS BEEN FILED.

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## BOROUGH OF OLD TAPPAN SOLICITORS PERMIT APPLICATION

NAME: FIRST: \_\_\_\_\_ LAST: \_\_\_\_\_

PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_

EMPLOYER TELEPHONE: \_\_\_\_\_

EMPLOYER ADDRESS: \_\_\_\_\_

MERCHANDISE FOR SALE: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ PLACE OF BIRTH: \_\_\_\_\_

SOCIAL SECURITY: \_\_\_\_\_

DRIVERS LICENSE STATE & # \_\_\_\_\_

SEX: \_\_\_\_\_ HAIR: \_\_\_\_\_ EYES: \_\_\_\_\_ RACE: \_\_\_\_\_ HEIGHT: \_\_\_\_\_

WEIGHT: \_\_\_\_\_ GLASSES: \_\_\_\_\_ COMPLEXION: \_\_\_\_\_

CITIZEN/NATIONALITY: \_\_\_\_\_ MAIDEN NAME: \_\_\_\_\_

HAVE YOU EVER BEEN ARRESTED? : YES NO WHERE? \_\_\_\_\_

CHARGE AND DISPOSITION: \_\_\_\_\_

NAME ADDRESS AND PHONE NUMBER OF 3 REFERENCES:

1 \_\_\_\_\_  
 \_\_\_\_\_

2 \_\_\_\_\_  
 \_\_\_\_\_

3 \_\_\_\_\_  
 \_\_\_\_\_

VEHICLE INFORMATION:

REGISTRATION # \_\_\_\_\_ STATE: \_\_\_\_\_

MAKE: \_\_\_\_\_ MODEL: \_\_\_\_\_ COLOR: \_\_\_\_\_

ONCE THE APPLICATION IS COMPLETED, THE APPLICANT MUST PRESENT THEMSELVES TO THE OLD TAPPAN POLICE DEPARTMENT.

\*\*\*PERMITS EXPIRE ON 12/31 OF EACH\*\*\*

APPLICANTS SIGNATURE: \_\_\_\_\_

APPROVED: \_\_\_\_\_ DENIED: \_\_\_\_\_

CHIEF OF POLICE: \_\_\_\_\_ DATE: \_\_\_\_\_

REASON FOR DENIAL: \_\_\_\_\_

PERMIT # \_\_\_\_\_ OCA # \_\_\_\_\_

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### SOLICITORS APPLICATION REFERENCE FORM

THE BELOW NAMED APPLICANT HAS FILED WITH THE OLD TAPPAN POLICE DEPARTMENT FOR A SOLICITORS PERMIT. THE APPLICANT HAS LISTED YOU AS A REFERENCE AND THE OLD TAPPAN POLICE DEPARTMENT REQUIRES THE FOLLOWING INFORMATION FROM YOU IN ORDER TO PROCESS THE APPLICATION. THE INFORMATION YOU PROVIDE IS FOR "OFFICIAL USE ONLY" AND WILL BE KEPT CONFIDENTIAL.

APPLICANTS NAME: \_\_\_\_\_

APPLICANTS ADDRESS: \_\_\_\_\_

HOW MANY YEARS HAVE YOU KNOWN THE APPLICANT?: \_\_\_\_\_

WHAT IS YOUR RELATION TO THE APPLICANT?: \_\_\_\_\_

PLEASE CHECK YES OR NO (IF ANY ANSWERED "YES" PLEASE EXPLAIN ON BACK)

TO YOUR KNOWLEDGE, HAS THE APPLICANT EVER BEEN ARRESTED? YES NO

TO YOUR KNOWLEDGE, HAS THE APPLICANT EVER BEEN INVOLVED IN AN INCIDENT OF DOMESTIC VIOLENCE? YES NO

TO YOUR KNOWLEDGE IS THE APPLICANT AN ABUSER OF DRUGS OR ALCOHOL? YES NO

TO YOUR KNOWLEDGE, HAS THE APPLICANT EVER BEEN TREATED FOR A MENTAL OR PSYCHIATRIC CONDITION? YES NO

TO YOUR KNOWLEDGE, IS THE APPLICANT PRESENTLY OR PREVIOUSLY BEEN A MEMBER OF ANY ORGANIZATION WHICH ADVOCATES THE OVERTHROW OF THE UNITED STATES GOVERNMENT? YES NO

IS THERE ANY REASON WHY YOU THINK THE APPLICANT SHOULD NOT BE APPROVED FOR A SOLICITORS PERMIT? YES NO

YOUR NAME: \_\_\_\_\_

YOUR PHONE: \_\_\_\_\_

YOUR ADDRESS: \_\_\_\_\_

\_\_\_\_\_

SIGNATURE: \_\_\_\_\_

Please return completed form  
to:  
Old Tappan Police Department  
21 Russell Avenue  
Old Tappan, NJ 07675

DATE: \_\_\_\_\_



	BOROUGH OF OLD TAPPAN SOLICITOR'S PERMIT		SOLICITOR'S ADDRESS:
	PERMIT NUMBER:	DOB:	DL:
	ISSUED TO:	HEIGHT:	WEIGHT:
	COMPANY:	HAIR:	EYES:
	ISSUED: EXPIRES:	CHIEF OF POLICE	