

Joseph Tracy
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 CHECK OR MONEY ORDER (PAYABLE TO THE BOROUGH OF OLD TAPPAN) AT THE TIME THE APPLICATION HAS BEEN FILED.
7. ALL APPLICANTS MUST BE FINGERPRINTED BY IDENTOGO (IDENTOGO.COM). SERVICE CODE 2F17ZY AND ORI# NJ0024300. FOR REFERENCE NUMBER CONTACT OTPD.

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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 CALENDAR YEAR

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: _____

DATE: _____

Please return completed form

to:

Old Tappan Police Department
21 Russell Avenue
Old Tappan, NJ 07675