

CASE #

DEPARTMENT OF POLICE  
THE TOWNSHIP OF MIDDLETOWN  
TOWNSHIP HALL/1 KINGS HWY  
MIDDLETOWN, NJ 07748 (732) 615-2060

**Solicitor Application**  
**FEE 10.00 CHECK OR MONEY ORDER NO CASH**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Age: \_\_\_\_\_

Email: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Weight: \_\_\_\_\_ Height: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Hair: \_\_\_\_\_

Licensed Premises Name (JOB): \_\_\_\_\_

Driver's License # \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Have you ever had a permit revoked or denied?	(If yes, explain on rear of form)	Yes	No
Have you ever been convicted of a crime?	(If yes, explain on rear of form)	Yes	No
Have you ever been arrested for any offense?	(If yes, explain on rear of form)	Yes	No

Date of Arrest	Place of Arrest	Charges	Disposition
1. _____			
2. _____			
3. _____			

I swear (or affirm) that all the information provided above is true, complete, and accurate, to the best of knowledge and belief. I understand that any false statements will result in denial for this application & Prosecution of violation of N.J.S.A. 2C:28-3, a crime of the 4<sup>th</sup> degree.

Application Signature: \_\_\_\_\_ Date: \_\_\_\_\_

---

**Department use only.**

Date of issue: \_\_\_\_\_ Issued date: \_\_\_\_\_ Clerk: \_\_\_\_\_

**Method of payment:** Check: \_\_\_\_\_ Money order: \_\_\_\_\_

**This application is** Approved: \_\_\_\_\_ Denied: \_\_\_\_\_ By: \_\_\_\_\_