

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 4th 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:** _____