



Borough of Mount Arlington

419 Howard Boulevard
Mount Arlington, NJ 07856
www.mountarlingtonnj.org
(973) 398-6832 ext. 112 or 125
mbansch@mtarlingtonboro.com
bdwyer@mtarlingtonboro.com

APPLICATION FOR VENDING, CANVASSING, SOLICITING AND DISTRIBUTING CIRCULARS WITHIN THE BOROUGH OF MOUNT ARLINGTON

Name: _____
Address: _____
City: _____
State, Zip: _____
Years at Present Residence: _____
Telephone #: _____

Date of Birth: _____
Height/Weight: _____
Social Security #: _____
Place of Birth: _____
Marital Status: _____

Employer: _____
Address: _____
City: _____

Telephone #: _____
Years Employed: _____
State, Zip: _____

Description of product or project for vending, canvassing, soliciting and/or distributing:

1. Have you ever been convicted of a crime? _____

If yes, report where you were arrested, the offense with which you were charged, and the disposition: _____

2. Have you ever been convicted of a Disorderly Persons offense? _____

If so, provide details as described in #1 above: _____



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I certify that the foregoing statements made by me are true. If any of the foregoing statements made by me are knowingly false, I am subject to punishment.

I, _____, authorize the Borough Clerk of the Borough of Mount Arlington, or any other appropriate official, to provide the information contained in this application to the Borough Police Department for the purpose of conducting a criminal record check and background investigation on myself. I further authorize the Police Department to release any information accumulated during their investigation, along with their recommendations, to the appropriate Borough Officials to aid them in determining my suitability for the permit/license applied for.

Signed: _____ Date: _____

Approved Denied _____ Date: _____
Mount Arlington Police Dept.

Date of **Borough Council** Approval: _____