MOUNT OLIVE TOWNSHIP CLERK'S OFFICE APPLICATION FOR A PEDDLER/SOLICITOR'S PERMIT

Last Name		First			Addr	ess		City	State	Zip	
Date of Birth	l	Age	Place	of Birt	h	Citize	en?	Drive	r/s Lic#	!	
Sex Hgt	Wgt	Wgt Hair Eyes			Complexion		Distinguishing Characteris			tics	
Occupation	Empl	oyer N	ame	Addr	ess	City		State		Zip	
Education	Empl	oyer Pl	none	Perso	nal Pho	one	Signa	ture			Date
•			arrested you ev		Yes	No					
3. Are you a mem advoca	I for a count of the count of t	drug pro r have y any org c overth	•	been n which	Yes	No					
State?		n the o	.5. 01 01	uns	Yes	No					
If the answer	to any	of the a	bove qu	estions	is "yes"	' please	give de	tails:			
Indicate the p	roposeo	l type o	f activit	y in det	tail:						
Personal Ref			not rala	ted to	vou wh	o have	known s	you for	at least t	three v	ears and
can attest to y	-	-	not i cia	icu io j	you, wii	o nave	KIIOWII y	70 u 101	at icast	инес у	cars and
Last Name	First	M.I.	Addre	ess		City		State	Zip	Phone	e#
Last Name	First	M.I.	Addre	SS		City		State	Zip	Phone	e#
Last Name	First	M.I.	Addre	SS		City		State	Zip	Phone	e#