

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

Last Name	First	M.I.	Address	City	State	Zip
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Date of Birth	Age	Place of Birth	Citizen?	Driver/s Lic#
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Sex	Hgt	Wgt	Hair	Eyes	Complexion	Distinguishing Characteristics
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Occupation	Employer Name	Address	City	State	Zip
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Education	Employer Phone	Signature	Date
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| 1. | Have you ever been arrested? | Yes | No |
| 2. | Are you now or have you ever been treated for a drug problem? | Yes | No |
| 3. | Are you no or have you ever been a member of any organization which advocates the overthrow of the government of the U.S. or of this State? | Yes | No |

If the answer to any of the above questions is "yes" please give details:

Indicate the proposed type of activity in detail:

Personal References:

(3) Three reputable people, **not related to you**, who can attest to your character:

Last Name	First	M.I.	Address	City	State	Zip	Phone#
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