



MOUNT LAUREL TOWNSHIP
MUNICIPAL CENTER
100 MOUNT LAUREL ROAD
MOUNT LAUREL, NEW JERSEY 08054

SOLICITOR'S SPECIAL PERMIT

NAME OF APPLICANT _____

ADDRESS _____

TELEPHONE _____

NAME OF ORGANIZATION _____

STATE ID # OR FEDERAL TAX EXEMPT # _____

ADDRESS _____

PURPOSE OF PERMIT _____

DATE OF ISSUE _____

EXPIRATION DATE _____

As mandated by Ordinance No. 1978-8, amended, this permit must be carried at all times and presented upon request of any resident of the Township of Mount Laurel.

This permit does not constitute an endorsement by the Township of Mount Laurel.

Signature of Applicant

LICENSING AGENT

SEAL

Exempt for Fee

NEW JERSEY STATE POLICE , STATE BUREAU OF IDENTIFICATION
REQUEST FOR CRIMINAL HISTORY RECORD INFORMATION

Complete address of Requesting Agency

ORI Number

Please conduct a name search of your files and forward a copy of any Criminal History Record Information you have regarding the following individual:

(Last Name) (First Name) (Middle)

Address

Date of Birth SS# Male or Female

Check appropriate box to indicate the purpose of the request and complete all other required information

Criminal Justice Purpose (Code C) Security check authorization waiver not required.

Request for FBI Record Check (If this request is for a Criminal Justice Purpose and you desire a check of the FBI identification Bureau Files, check this box, fill in the subjects FSI number (if known) and submit this form in duplicate.)

Block Parent/Helping Hand Type Program (Security check authorization is required)

Non-Criminal Justice Employment/Licensing Purpose (Code E)
Authority for Non-Criminal Justice Employment/Licensing Purpose (Check One)

State or Federal Statute Rule or Regulation or Executive Order

Enter the appropriate Statute Citation, Rule or Regulation or Executive Order Number

Local Ordinance (Security check authorization is required)

Type or print name of person making request

Signature of person making request

SECURITY CHECK AUTHORIZATION (Waiver)

Supervisor, State Bureau of Identification

As indicated above, I have applied for Non-Criminal justice employment, licensing or as a volunteer participant in a Block, Parent/Helping Hand Type Program. For the purpose of this application. I hereby authorize the release of any Criminal History Record Information maintained by your agency, meeting dissemination criteria for the stated purpose to the Mount Laurel Township Department of Public Safety. Any such information released as a result of this authorization shall be used for the express purpose of processing the above indicated application

Signature of Applicant

Date