

**CHERRY HILL POLICE DEPARTMENT**  
Application for Cherry Hill Township Canvasser Permit

The application must be completed and a copy of the applicants' identification must be submitted along with a \$90 non-refundable fee.

PLEASE PRINT

**NAME** \_\_\_\_\_ **AGE** \_\_\_\_\_  
Last First Middle Maiden

**ADDRESS** \_\_\_\_\_  
Number Street Town State Zip Code

**PREVIOUS ADDRESS** \_\_\_\_\_  
Number Street Town State Zip Code

**HOME PHONE** \_\_\_\_\_ **DATE OF BIRTH** \_\_\_\_\_ **PLACE OF BIRTH** \_\_\_\_\_

**SEX**  M  F **RACE** \_\_\_\_\_ **HGT** \_\_\_\_\_ **WGT** \_\_\_\_\_ **EYES** \_\_\_\_\_ **HAIR COLOR** \_\_\_\_\_

**SOCIAL SECURITY NUMBER** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ **OCCUPATION** \_\_\_\_\_

**DRIVER'S LICENSE NUMBER** \_\_\_\_\_ **STATE** \_\_\_\_\_

**Have you ever obtained a canvasser's permit?** \_\_\_\_\_ **Date obtained** \_\_\_\_\_

**From which Police Department?** \_\_\_\_\_

**Name of Product or Service That You Are Soliciting** \_\_\_\_\_

**Name and Address of Company or Organization by Whom you are employed:** \_\_\_\_\_

\_\_\_\_\_ **Phone** \_\_\_\_\_

**Have you ever been convicted of a crime?**  Yes  No **If Yes, where?** \_\_\_\_\_

**Explain** \_\_\_\_\_

**SECURITY CHECK AUTHORIZATION WAIVER**

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 criteria for the stated purpose to the Cherry Hill Police Department and the Township of Cherry Hill. Any such information released as a result of this authorization shall be used only for the express purpose of processing the above indicated application.

**Signature of Applicant** \_\_\_\_\_ **Date:** \_\_\_\_\_

**FOR POLICE USE ONLY**

**APPLICATION FOR:**

**STATE OR FEDERAL STATUTE, RULE OR REGULATION, DESCRIPTION** \_\_\_\_\_

**LOCAL ORDINANCE** \_\_\_\_\_ **NON-CRIMINAL NUMBER** \_\_\_\_\_

**APPLICATION RECEIVED BY** \_\_\_\_\_ **Date:** \_\_\_\_\_

**SECURITY CHECK CONDUCTED**

**C.H.P.D. RECORDS** \_\_\_\_\_ **N.C.I.C.** \_\_\_\_\_ **S.C.I.C.** \_\_\_\_\_

**LOCAL POLICE JURISDICTION** \_\_\_\_\_ **DRIVER'S LICENSE** \_\_\_\_\_

**OTHER** \_\_\_\_\_

**FOR POLICE CHIEF ONLY**

**APPROVED** \_\_\_\_\_ **DENIED** \_\_\_\_\_

*Federal Regulations (Title 28) prohibit the use of Computerized Criminal History File inquiries for a purpose other than authorized, therefore, this record check is not necessarily conclusive, and is not intended as an endorsement of the applicant.*