



Township of Pennsauken

CAMDEN COUNTY, NEW JERSEY

(856) 665-1000
FAX (856) 665-2749

INCORPORATED 1892

Rick Taylor **Jack Killion**
Mayor *Deputy Mayor*

Township Committee: **Bill Orth** **Steve Petillo** **Greg Schofield**

Bob Cummings
Administrator

Pat Gudas
Township Clerk

David Luthman
Municipal Attorney

Information sheet for completing the License Application/Background Check Form

The application should be completed in full. Incomplete applications will be returned to the applicant and will cause delays that could lead to late fees.

If you need further space to explain an answer use the back of the form or submit additional pages.

Providing false information on the application is a violation of New Jersey State Law, and will cause the license request to be denied.

Print or type all information clearly.

Township of Pennsauken
License Application/ Background Check

Name _____ Date of Birth _____

Address _____

Phone # _____ SS # _____ Sex _____ Age _____

Hair Color _____ Eye Color _____ Weight _____ Height _____

Place of Birth _____ U.S. Citizen- Yes/No _____

Drivers License# _____ License State _____

Previous Addresses _____
(Last 3 Years) _____

Business name,address,phone# _____

Name of owner _____

Type of Business _____

Location where license
will operate _____

Have you ever been convicted of a
crime, or disorderly persons offense Yes _____ No _____
If Yes, list Dates _____ Where _____

Offense _____

I hereby authorize the Pennsauken Police Dept. to conduct an investigation into my
background and activities. All facts contained in the foregoing application are true and
complete.

Applicant signature _____ Date _____

Approved _____ Denied _____

Chief of Police _____