

**WEST MILFORD TOWNSHIP  
POLICE DEPARTMENT**

Complaint Number	Prosecutor's Case Number	Department Case Number
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**Documentation needed to Process License Applications and Renewals**

**IDENTIFICATION MUST BE PROVIDED**

Copies of the below documents are required in processing License Applications.  
It is recommended copies of all of these documents be handed in yearly with renewals. Anything missing may delay processing.

Photo Drivers License; Copy any secondary State Drivers Licenses.

Social Security Card

Copy of Firearms ID Card w/initial applications (if available). Original must be viewed by Investigator to compare thumbprint.

Recent Original Photo

Notarized copy of Birth Certificate / DOB

Current Address / Other Address for last 5 years

Work Address

Home Phone / Work Phone

Cell Phone / Beeper

Three references listed with addresses and phone numbers.

Additional Information as required for each particular license per the Township Clerk.

Copies of vehicle registrations or titles, for Peddlers / Taxis, etc.

Also supply a notarized copy of Insurance Certificate from Carrier with West Milford Township noted as additional covered.

**It is the responsibility of the Applicant to contact the Police Department at 973-728-2818 regarding fingerprint and other requirements.**

**If not a U.S. Citizen:**

Notarized copy of Passport

Copy of Green Card

\* It is recommended that all initial license applicants, other than Amusement Game and billiard Licenses file for a Firearms ID Card at the same time. Since fingerprints are taken anyway, this will speed up renewals and may make any further licensing applications in this and other towns proceed more quickly. Applications for the Firearms ID Card can be picked up at the West Milford Police Department.

ABC Renewals require a copy of the sketch of the premises and notarized current Application (with updated pages); Transfers require the 12-page application. Both require changes in Corporate Stockholders or Limited Partnerships, etc. with all pertinent personal ID information on each person. The Investigator assigned will request other required information. This is in addition to any information required by the NJ Alcoholic Beverage Control Division, or the West Milford clerk's Office. A copy of the completed E-141-A form must be attached along with names of employees and DOB / SS No. If buildings are leased a lease agreement must be attached for the sited premise.

Name:	Badge #	Page	Date Report	Reviewed By
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**WEST MILFORD TOWNSHIP  
POLICE DEPARTMENT  
REQUEST FOR POLICE INVESTIGATION**

POLICE USE ONLY			CASE NUMBER					
	Premise Inspection		FED	STATE	AOC	LOCAL	DMV	Other
	Vehicle Inspection							
	Premise History							

**INSTRUCTIONS TO APPLICANTS:** Please complete sections 1 through 7 below. You or the persons you name may be contacted for fingerprinting or further investigation. If you have any questions, please call the Police Records Bureau.

**Check all that apply**

- |  |  |  |   |
|--|--|--|---|
| <input type="checkbox"/> INITIAL APPLICATION | <input type="checkbox"/> RENEWAL           |  |   |
| <input type="checkbox"/> Liquor License      | <input type="checkbox"/> Peddler/Solicitor | <input type="checkbox"/> Pool/Billiard | <input type="checkbox"/> Amusement Arcade |
| <input type="checkbox"/> Taxicab Owner       | <input type="checkbox"/> Taxicab Driver    | <input type="checkbox"/> Police Towing | <input type="checkbox"/> Amusement Game   |
| <input type="checkbox"/> Firearms Range      | <input type="checkbox"/> MV Junkyard       | <input type="checkbox"/> Junk Shop     | <input type="checkbox"/> Clothing Bins    |

**2. NAME OF APPLICANT:** The applicant is the person who will make the application on behalf of the business or organization. He/she must complete and sign this application. The applicant represents that he/she has authority to make this application, and is responsible for the truthfulness of all statements in the application.

NAME OF APPLICANT	POSITION IF APPLICABLE
MAILING ADDRESS	PHONE NO.

**3. LICENSEE INFORMATION**

<b>LICENSEE IS:</b>	Individual	Partnership	Private Corporation	Public Corporation	Non-profit	Other
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Licensee Name:	Licensee Phone No.
Licensee Mailing Address Including Zip	
Premises Name (TA)	
Premises Physical Address or Territory for Portable Business	
Nature of Business	

**4. MOTOR VEHICLE INFORMATION:** (Taxicab Owner, Police Towing, and Peddlers who will sell from a vehicle). List all vehicles that will be used in the actual conduct of the business.

YEAR	MAKE	MODEL OR BODY TYPE	COLOR	PLATE #	REGISTERED OWNER

5. **OWNERSHIP INFORMATION:** (Partnerships and Private Corporations) State the name of every person who has an ownership interest in the business, including all partners and shareholders in corporations. Attach additional sheets if necessary. Include any corporation of which the licensee is a wholly owned subsidiary.

Name	% of Ownership
Mailing Address including Zip	
Name	% of Ownership
Mailing Address including Zip	
Name	% of Ownership
Mailing Address including Zip	
Name	% of Ownership
Mailing Address including Zip	
Name	% of Ownership
Mailing Address including Zip	

6. **MANAGEMENT INFORMATION:** All public corporations or non-profits; others if applicable. State the name of any salaried manager or officer who has substantial delegated authority to make managerial decisions, and who will be responsible for the operation. Attach additional sheets, if necessary.

Name of Manager or Officer	Position
Address including Zip	
Name of Manager or Officer	Position
Address including Zip	

7. **APPLICANT CERTIFICATION:** I am voluntarily requesting an investigation by the West Milford Township Police for the purpose of securing a license or permit to operate the enterprise described above. I certify that I have the necessary authority from other partners, owners or members to request this investigation. I hereby authorize the West Milford Township Police Department to verify all statements made herein and in any accompanying applications or questionnaires, and to make such other inquiries, as it deems necessary to complete a satisfactory investigation. I authorize all courts, probation departments, military authorities, medical personnel, employers, personal references, educational institutions, and other institutions and agencies, without exception, to release to the West Milford Township Police Department any and all information pertaining to this application that it may request. I release, discharge, and exonerate the West Milford Township Police Department, its agents and representatives, and any person so furnishing information from any and all liability of every kind arising out of furnishing such information.

I understand that additional releases may be required from any individuals named above who are to be investigated in connection with this application.

I understand that these investigations will require time to complete, and that no operations of the type requiring a license or permit may be conducted until the license or permit is actually issued.

I certify that all statements made in this application are true. I understand that it is a crime under NJS2C:28-3 to make false statements in this application.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_