

Town of New Castle Police Department



200 S. Greeley Avenue Chappaqua, New York 10514 (914) 238-4422 Fax (914) 238-2538

APPLICATION TO CANVASS AND/OR SOLICIT WITHIN THE TOWN OF NEW CASTLE

Answer all questions fully. Misstatement of fact will be cause for refusal of registration certificate, or for the immediate revocation of registration certificate if issued.

1. Name	Date o	of Birth	Age
HeightWeight _	Hair Color	Eye Color	Race
Marks			
Social Security Number			
2. Address (Permanent)			
,	Number	Street	_
(Local)	City	State	Zip Code
(=====	Number	Street	
	City	State	Zip Code
3. Telephone Number			
4. Organization or person for	whom the solicita	tion is being made	
Name			
Address Number Street	City	State	Zip Code
Telephone Number			
Describe briefly the nature sufficient information to det			



NOTARY (Signature and stamp)

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6. Days, dates and Route of Business or Solicitation (Between the hours of 9:00 a.m. and 5:00 p.m. unless otherwise granted by the Chief of Police)				
	you ever been convicted of a crime, rs, show date, offense and disposition		derly conduct offense?	
8. Vehic	cle and Driver's License Information			
Make	eModel	Year	Color	
Licer	nse Plate Number	License Plate Stat	e	
Drive	er's License Number	Driver's License St	ate	
	affirm that my answers to the questions in any fact that would, if disclosed, react un			
Date	Signature			
	Upon completion of this application, return ons for fingerprinting will be given after ap			
(21/2 x 2	tograph of the applicant, which shall be a t1/2) inches in size, showing the head and shall accompany this application.			