

**HACKENSACK POLICE DEPARTMENT
BUREAU OF CRIMINAL INVESTIGATION**

**APPLICATION FOR LANDSCAPING / GARDENING – OR – SNOW REMOVAL PERMIT
ADDITIONAL EMPLOYEES**

PERMIT # (GP or SR)

COMPANY NAME _____

ADDITIONAL EMPLOYEE INFORMATION

PLEASE PRINT ALL INFORMATION CLEARLY

NAME (LAST, FIRST)	ADDRESS	CITY	ST	DOB	SSN