

INSTRUCTIONS PAGE

Instructions for the following permit applications: **Landscaping/Gardening or Snow Removal**

Step 1: Fill out the application and the Voluntary Consent form and **print**.

Step 2: Sign and Date the application and **Sign and Date** the Voluntary Consent Form (Make sure you have a witness **Sign** as well).

Step 3: Submit the required payment which can be done utilizing the following website:

<https://payments.municipay.com/24dfe0a0042cb3c51f0701849a7c92a8>

NOTE: Be Advised that the Application Will Not Be Processed until payment is made. Approved payments types: Credit/Debit Cards, ACH Transactions, Money Orders and personal checks.

Step 4: Submit the completed application and Voluntary Consent form along with a copy of your payment receipt, a current passport sized photo of yourself (.jpg format) and a copy of your identification card with photo (ex. Driver's License) to the Hackensack Police Department, via the following e-mail address: applicant@hackensackpd.org

- or you can bring the completed forms to the Hackensack Police Department at 225 State Street, Hackensack, NJ 07601 and pay in person.

IMPORTANT NOTE: please provide your preferred contact information on your e-mail and you will be notified when your permit is ready.



HACKENSACK POLICE DEPARTMENT

BUREAU OF CRIMINAL IDENTIFICATION

APPLICATION FOR LANDSCAPING/GARDENING - OR- SNOW REMOVAL PERMIT

PLEASE PRINT ALL INFORMATION CLEARLY

PERMIT # (GP or SR)

NEW
RENEWAL
EXPIRES _____ **NUMBER OF VEHICLES** _____

LAST NAME _____ **FIRST NAME** _____ **MI** _____

SEX _____ **RACE** _____ **DATE OF BIRTH** _____ **SOCIAL SECURITY #** _____

ADDRESS _____ **CITY** _____ **ST** _____ **ZIP** _____
(NO P.O. BOX)

DRIVERS LICENSE # _____ **STATE** _____ **EXPIRES** _____

HOME PHONE _____ **PLACE OF BIRTH (STATE)** _____ **US CITIZEN: YES** _____ **NO** _____

HEIGHT _____ **WEIGHT** _____ **HAIR COLOR** _____ **EYE COLOR** _____

HAVE YOU EVER BEEN ARRESTED OR CONVICTED OF A CRIME OR OTHER OFFENSE? YES _____ NO _____

IF YES, WHERE AND WHEN _____ **CHARGE (S)** _____

FINAL DISPOSITION OF CHARGE (S) _____

COMPANY NAME _____ **PHONE** _____

ADDRESS _____ **CITY** _____ **STATE** _____ **ZIP** _____

EMPLOYEE INFORMATION

LIST NAME, ADDRESS, CITY, STATE, DATE OF BIRTH AND SOCIAL SECURITY NUMBER OF ALL EMPLOYEES
 (USE ADDITIONAL FORM IF NEEDED)

NAME (LAST, FIRST)	ADDRESS	CITY	ST	DOB	SSN

ALL PERMITS ARE FOR ONE (1) YEAR. LANDSCAPERS EXPIRE MAY 31ST. THE OWNER/PRESIDENT MUST PRESENT THIS APPLICATION IN PERSON WITH THE PROPER FEE, WHICH ARE AS FOLLOWS: PERMIT, PHOTO ID, INCLUDING ONE TRUCK IS \$125.00, EACH ADDITIONAL VEHICLE IS \$30.00/VEH.

BUSINESS HOURS ARE MONDAY - FRIDAY FROM 8AM TO 5PM. IF YOU HAVE ANY QUESTIONS PLEASE CALL 646-7726.

***MISSING AND/OR LACKING INFORMATION OR FAILURE TO PROVIDE VALID PHOTO ID CAN BE CAUSE FOR DENIAL OF PERMIT.**

THE ABOVE APPLICANT SWEARS THAT TO THE BEST OF HIS/HER KNOWLEDGE THE ABOVE INFORMATION IS TRUE AND ACCURATE. ANY FALSIFICATION OF THIS APPLICATION IS GROUNDS FOR DENIAL AND MAY BE PUNISHABLE BY LAW AS PER N.J.S.A. 2C:28-3a.

APPLICANTS SIGNATURE _____ **DATE** _____

<u>O.K.</u>	<u>SEE ATTACHED</u>		
LAWSOFT		APPROVED	DENIED
NCIC		BY: _____	
DMV		DATE: _____	
ACS			
ATS		ID PRINTED	

City of Hackensack
Department of Police

**Voluntary Consent To Conduct a Background Investigation
Authorization For Release of Information**

I, _____, do hereby consent to a confidential background check. I understand that this check may include the taking of my photograph and fingerprints.

I understand that any information requested will be used to conduct a confidential background investigation, an investigation that might be conducted in part by any member of the Hackensack Police Department.

I do hereby authorize a review and full disclosure of any and all information, but not limited to, all records, including a copy of my credit report, internal revenue service records, medical records or any part thereof, concerning myself to any duly authorized agent of the Hackensack Police Department, whether the said records are public or private and including those, which may be deemed to be of a privileged or confidential nature. The intention of this authorization is to provide information that will be utilized for investigative resource material.

I give this consent freely and voluntarily, without fear, threats, coercion or promise of any kind and with full knowledge of my constitutional right to refuse, which I hereby waive.

I am also aware that if I wished to exercise this right, it would be respected.

A photo static copy of this authorization will be considered as effective and valid as the original.

This consent is given by me this _____, day of _____, 20____, at _____ hrs.

(Signature)

Name: _____

DOB: _____ SSN: _____

Address: _____

Phone: _____

Witness: _____

(Signature)

Name: _____

City: _____

Office: _____

Phone: _____