

LICENSE NO. \_\_\_\_\_

\* (Photo ID)

**APPLICATION FOR PEDDLER AND SOLICITOR LICENSE**

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

Name: \_\_\_\_\_

Any other name by which you have been known \_\_\_\_\_

Permanent Home Address: \_\_\_\_\_

Local Address (if different): \_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_

Social Security No.: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

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Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone (Cell): \_\_\_\_\_

Description and nature of business and goods, services, or wares to be sold or distributed:

\_\_\_\_\_  
\_\_\_\_\_

Location where goods/services originate: \_\_\_\_\_

If vehicle is used: Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_ Color: \_\_\_\_\_ Plate: \_\_\_\_\_

Driver's License No. \_\_\_\_\_

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**Vending Cart Information**

Non-motorized vending cart: \_\_\_\_\_ How many: \_\_\_\_\_

Maximum Width: \_\_\_\_\_ Maximum Height with Umbrella/Awning: \_\_\_\_\_

Safety Plan of each location of cart: \_\_\_\_\_

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**Board of Health Licensing (If Applicable)**

If food is involved: Sanitary License No. \_\_\_\_\_

Inspected by: \_\_\_\_\_ Date: \_\_\_\_\_

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**Insurance Coverage Information**

Proof of Insurance: \_\_\_\_\_

Policy No.: \_\_\_\_\_

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Place where merchandise or services are to be sold:

Tax Map, Aerial Photos, Surveys, Site Plan are acceptable means of submission, but each application must have an address or public easement areas must be approved by the Mayor prior to submission. Applicants wishing to operate on Public Easement Areas must have a letter of approval attached to this application to be considered.

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**Business Operation Information**

Dates: \_\_\_\_\_

Yearly: \_\_\_\_\_ Days of the week: \_\_M \_\_T \_\_W \_\_Th \_\_F \_\_S \_\_S Hours of Operation: \_\_\_\_\_

Route: \_\_\_\_\_

Employees: Please provide a list of employees that work for your business, their addresses, dates of birth and a copy of their driver's license.

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**Background Check and Security**

- Has the applicant ever been convicted of any offense or crime other than a motor vehicle Offense? YES NO (circle appropriate response)

If yes, supply the following information:

- Date or Year of Offense \_\_\_\_\_
- Description of the Offense \_\_\_\_\_
- Where was the Offense committed \_\_\_\_\_
- What sentence, including fine or probation, was imposed \_\_\_\_\_

I certify under penalty of criminal prosecution that all information supplied on this application is true and correct. I understand that any false statement given on this application which is knowingly false constitutes a violation of N.J.S.A. 2C:28-3, punishable as a fourth-degree crime. I also certify that I have read the Code Chapter (230) on Peddling and Soliciting and agree to comply with all sections.

Signature of Applicant: \_\_\_\_\_

Signature of the Property Owner or Mayor: \_\_\_\_\_

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**Approval or Denial**

Approval by Chief of Police: \_\_\_\_\_

Approval by the Zoning Officer: \_\_\_\_\_

Denial by Chief of Police: \_\_\_\_\_

Denial by the Zoning Officer: \_\_\_\_\_

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**Yearly and Daily Fee Structure**

**Solicitor Fees:**

- (1) \$125 annual fee.
- (2) Photo ID Fee: \$25 per employee.

**Peddlers/Vendors Fees:** Including Vending Carts, Motorized and Non-Motorized Carts

- (1) \$250 annual fee.
- (2) Photo ID Fee: \$25 per employee.

**Exemptions:**

See § 230-4 and § 230-9.

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**ALL LICENSES EXPIRE ON JANUARY 30TH OF THE YEAR FOLLOWING ISSUANCE**

**This license must be able to be presented to any enforcement officer at any time during the operation of your business. Failure to confirm the legality of your license may result in the revoking of your license for the remaining year.**

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**Official Use Only**

Date Paid: \_\_\_\_\_

Received by: \_\_\_\_\_

Amount Collected: \_\_\_\_\_

Check: \_\_\_\_\_

Cash: \_\_\_\_\_

Credit Card: (last four numbers): \_\_\_\_\_