



License Number: ____
Date Issued: ____
Amount Paid: ____

LICENSE APPLICATION FOR:

DATE: / /

LIVERY: _____

DRIVER FOR LIVERY: _____

CANVASSER: _____

PEDDLER: _____

SOLICITOR: _____

VETERAN: _____

NON-VETERAN: _____

I. GENERAL INFORMATION

Name of Organization: _____

Address: _____

Phone Number:() _____ Full Name of Applicant: _____

Permanent Address: _____

Length of Residency at Present Address: ____year(s) ____month(s) ____week(s)

Phone Number:() _____ Social Security Number: ____-____-____

Date of Birth: ____/____/____ Place of Birth: _____

Sex: M / F / Non Binary Eye Color: _____ Hair Color: _____ Weight: ____ lbs

Height: ____' ____" Scars/Marks: _____

Occupation: _____ Name of Employer: _____

Address of Employer: _____

Length of Employment: ____year(s) ____month(s) ____week(s)

Prior Employment: _____

II. VEHICLE INFORMATION

Driver's License Number: _____

Expiration Date: ____/____

Vehicle Make: _____ Year: _____

Model: _____

State Issuing License Plate: _____

Expiration Date: ____/____

III. PRIOR MUNICIPAL BUSINESS

List any other municipalities you have conducted business in:

1. _____

2. _____

3. _____

Description of Wares or Service: _____

IV. BACKGROUND CHECK

List any arrests or convictions (Motor vehicle, Criminal):

Violation and Date: _____

Municipality: _____ State: _____

Violation and Date: _____

Municipality: _____ State: _____

V. REFERENCES

Name: _____ Address: _____

Telephone Number:() _____

Name: _____ Address: _____

Telephone Number:() _____

VI. ORDER AND DELIVERY OF PRODUCTS

Location of production of item(s) to be sold: _____

Location of application: _____

Method of Delivery: _____

THIS APPLICATION WILL NOT BE CONSIDERED COMPLETE UNTIL FINGER-PRINTS AND A TWO-INCH PHOTOGRAPH OF APPLICANT (taken within 60 days of applying) ARE SUBMITTED AND A SATISFACTORY INVESTIGATION IS COMPLETED AND APPROVED BY THE CHIEF OF POLICE AND MUNICIPAL CLERK.

SOLICITORS AND CANVASSERS: For this application to be accepted for investigation, the following documentation must accompany the application:

1. Copy of company authorization to represent same.
2. Copy of Secretary of State Certification of Registry with the state of New Jersey.
3. Copy of Federal Tax Exemption Certification as a non-profit organization.

“UPON MY OATH OR AFFIRMATION, I CERTIFY THAT ALL INFORMATION GIVEN ON THIS APPLICATION IS TRUE AND ANY DELIBERATE FALSEHOOD MAY BE GROUNDS FOR DENIAL OF THE LICENSE FOR WHICH I HAVE APPLIED.”

APPROVED _____

DENIED _____

Signature of Applicant *Date*

Chief of Police *Date*

FINGERPRINTS
ON FILE _____

Municipal Clerk *Date*

PHOTO

LICENSE # _____

FEE \$ _____