Peddling & Hawker Application

License Number:
Date Issued:
PLEASE TYPE OR PRINT NEATLY:
1. Name of Applicant: Height: Weight: Weight:
Date of Birth: Height: Weight:
Hair Color: Eye Color:
Name of Business: List Members of Corporation, if applicable:
List Members of Corporation, if applicable:
4. Name(s) of any Partners:
5. Permanent nome Address:
6. Local Home Address, if different: 7. Telephone: Home: Cell:
7. Telephone: Home: Cell:
o. How long has the Applicant resided in New Jersey?.
9. Description of the Nature of the Business and the Goods, Services, or Wares to Be sold
10. Block & Lot of Location of Business (Class II Applicants):
11.Zone of Location (Circle 1): Business / Commercial / Industrial or Office-Professiona
12. If Employed, Name of Employer:
Address:Telephone:
Relationship with Employer:
13.Length of Time for which you desire to do business:
14. Days & Hours of Operation:
15. Source of Supply of Goods to be sold:
16.Location of Products:
17. Method of delivery:
18. State whether or not the applicant has been convicted of a crime, misdemeanor, or violation of any municipal ordinance other than traffic violations: (If convicted, please explain.)
19. Description of Vehicle being used:
Applicant agrees to comply with Chapter 324 and all other chapters of the Township Code, and all county, state and federal laws.
Signature of Applicant Date
<u>License Fee:</u> \$25.00
Signature of Partner Date