TOWNSHIP OF MENDHAM
2 West Main Street, PO BOX 520
Brookside, New Jersey 07926

APPLICATION FOR LICENSE – PEDDLER, HAWKER AND SOLICITOR

FEE: $100.00

APPLICANT INFORMATION

Name_____

Permanent Home Address_____

How long at this address _____

If less than 1 year, give previous address _____

_____

Full Local Address _____

Phone Number _____ Driver's License Number_____

Social Security #_____

Age_____ Weight_____ Height_____ Hair Color_____ Eye Color_____

Date of Birth_____ Sex_____ Place of Birth_____ Marital Status_____

Name of Spouse_____

Marks, Scars, Amputations_____

Military Status:
Branch_____ Dates of Service_____

Service Number _____ Type of Discharge _____

EMPLOYER INFORMATION

Name_____

Address_____Telephone_____

Immediate Supervisor_____

How Long Employed_____ Applicant's Title_____

If Employed for Less Than 1 Year, Give Employers for the Past Two Years:

_____

_____

VEHICLE INFORMATION

Make_____ Model_____ Year_____ Color_____

License Plate No: _____ State of Registration_____

MERCHANDISE OR SERVICE TO BE SOLD

Description of Merchandise or Service to be sold _____

_____

Manufacturer_____

Address_____

Storage Location_____

Method of Delivery_____

Will Orders Be Taken for Future Delivery _____Yes _____ No

REFERENCES

List two business references located in Morris County or such other available evidence of character and business responsibility of the applicant:

_____

Name Address Phone

_____

Name Address Phone

List three reputable persons other than family who have known you for at least 3 years:

_____

Name Address Phone

_____

Name Address Phone

_____

Name Address Phone

SIGNATURE

The undersigned declares that this application, including any accompanying statements to the best of his/her knowledge and belief is true and correct and that he/she has received a copy of the Ordinance governing this application. All licenses shall expire on December 31st of the calendar year in which they are issued.

_____

SIGNATURE OF APPLICANT / DATE

APPLICATION FOR PEDDLER'S LICENSE FOR _____

Township Clerk: Date Received: _____ Fee Paid: _____ Check / Cash

Chief of Police:

Date Received_____

Date Approved_____

Date Disapproved_____

Reason for Disapproval _____

_____

_____

License Issued:

Date_____

License Number _____

Expiration Date_____