



TOWNSHIP OF EAST BRUNSWICK

FEE: \$50.00

PLEASE PRINT ALL INFORMATION

Mail completed applications to:
Municipal Clerk's Office
Township of East Brunswick
P.O. Box 1081
East Brunswick, NJ 08816

Copy of Certificate of Authority
to Collect Sales Tax Attached
Yes _____ No _____

DATE _____

APPLICATION FOR: () PEDDLER () SOLICITOR () NON-PROFIT VENDOR

APPLICANT'S NAME: _____

APPLICANT'S PERMANENT HOME ADDRESS:

APPLICANT'S LOCAL ADDRESS:

PHONE: WORK# _____ HOME# _____

LOCAL PHONE # _____

DATE OF BIRTH: _____ PLACE OF BIRTH: _____

SOCIAL SECURITY # _____

SEX _____ RACE _____ AGE _____ HEIGHT _____ WEIGHT _____

COLOR/HAIR _____ COLOR/EYES _____ TATTOOS, SCARS, AMPUTATIONS _____

NATURE OF APPLICANT'S BUSINESS AND DESCRIPTION OF MERCHANDISE OR SERVICE TO BE
SOLICITED:

() SOLD () COLLECTED () FUND DRIVE

EMPLOYER NAME: _____

ADDRESS: _____

PLACES OR PLACE OF RESIDENCE OF APPLICANT FOR PRECEDING THREE YEARS:

NAMES, ADDRESSES, AND TELEPHONE NUMBERS OF THREE BUSINESS REFERENCES:

1) _____

2) _____

3) _____

NUMBER OF ARRESTS OR CONVICTIONS FOR MISDEMEANORS OR CRIMES & NATURE OF OFFENSE: (EXPLAIN IN DETAIL)

HAS APPLICANT EVER BEEN REFUSED A SIMILAR LICENSE IN ANY OTHER MUNICIPALITY:

_____ NO _____ YES, GIVE DETAILS: _____

HAS APPLICANT EVER APPLIED FOR A SIMILAR LICENSE IN EAST BRUNSWICK?

_____ NO _____ YES, GIVE DETAILS _____

VEHICLE INTENDED TO BE USED:

YEAR: _____

COLOR: _____

MAKE: _____

SERIAL #: _____

MODEL: _____

LIC. PLATE # _____

DRIVER'S LICENSE #: _____ STATE WHERE ISSUED: _____

THE STATEMENTS CONTAINED IN THIS APPLICATION ARE TRUE TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

SIGNATURE OF APPLICANT

Subscribed and Sworn to before me

this day of _____, 20____.

NOTARY PUBLIC

THIS APPLICATION, MUST BE ACCOMPANIED BY:

1. A REQUIRED, NON-REFUNDABLE FEE OF \$50.00 (FIFTY DOLLARS).
2. THREE 2 X 2 RECENT PHOTOGRAPHS OF APPLICANT, SHOWING HEAD AND SHOULDERS.
3. LETTER CONFIRMING EMPLOYMENT FROM YOUR COMPANY.

I UNDERSTAND THAT THE PERMIT I RECEIVE IS FOR ME ALONE.

SIGNATURE OF APPLICANT

DATE

I AUTHORIZE THE POLICE TO DO A BACKGROUND CHECK _____

(Signature of applicant)

(DO NOT WRITE BELOW THIS LINE)

FEE: \$50.00 DATE PAID _____ RECEIPT # _____

(Chief of Police)

APPROVED () DATE _____
DENIED ()

(Municipal Clerk)

APPROVED () DATE _____
DENIED ()

PERMIT NO. _____