TOWNSHIP OF EAST BRUNSWICK
MUNICIPAL CLERK'S OFFICE
P.O. BOX 1081
EAST BRUNSWICK, NEW JERSEY 08816
(732) 390-6850

APPLICATION FOR DELIVERY TRUCK LICENSE

DATE:_____

NAME:_____

ADDRESS:_____

PHONE NO.:_____

NUMBER OF TRUCKS:_____

VEHICLE REGISTRATION NO.:_____

_____
SIGNATURE

IN THE EVENT YOU NO LONGER OPERATE A VEHICLE IN THE TOWNSHIP OF EAST BRUNSWICK, WOULD YOU KINDLY FILL OUT THE FOLLOWING:

NAME:_____

ADDRESS:_____

PHONE NO.:_____

_____ **I DO NOT OPERATE A VEHICLE IN THE TOWNSHIP OF EAST BRUNSWICK.**

_____
SIGNATURE

LICENSE NO._____**ISSUED**_____

AMOUNT PAID_____**DATE**_____