

CITY OF MILLVILLE

ROADSIDE PRODUCE STANDS

(Stands used to sell fruits, vegetables & farm products located on the property where at least 50% of the produce & products offered for sale were grown or raised are exempt from the payment of the license fees contained in Article 33-7D)

LICENSE APPLICATION (Article 1)

\$10.00 Application Fee Due Payable at Time of Application
\$100.00 For Each 30 Day Period or Portion Thereof
Written Consent From Property Owner
Copy of State of New Jersey Tax Sale Certificate
Copy of State of New Jersey Business Registration Certificate

DATE OF APPLICATION: _____

FEE PAID: \$ _____

APPLICANT INFORMATION

NAME OF APPLICANT: _____ PHONE: _____
Please Print

ADDRESS: _____
Street No. Street Address

PO Box City State Zip Code County

SS NO: _____ - _____ - _____ D.O.B: _____ - _____ - _____ DL NO: _____
Attach Copy of Driver's License

BUSINESS INFORMATION

NAME OF BUSINESS: _____ PHONE: _____
Copy of State of New Jersey Tax Sale Certificate

ADDRESS: _____
Street No. Street Address

PO Box City State Zip Code County

OWNER INFORMATION

NAME: _____ PHONE: _____

ADDRESS: _____
Street No. Street Address

PO Box City State Zip Code County

SS NO: _____ - _____ - _____ D.O.B: _____ - _____ - _____ DL NO: _____
Attach Copy of Driver's License

CONTINUATION – ROADSIDE PRODUCE STAND- 2

ROADSIDE STAND LOCATION: _____
Street No. Street Address

ATTACH WRITTEN CONSENT OF PROPERTY OWNER INDICATING BEGINNING AND ENDING DATE(S) YOU ARE PERMITTED TO OPERATE AT SAID LOCATION

Is your Roadside Produce Stand that is used to sell fruits, vegetable's and farm products located on the property where at least 50% of the produce and products offered for sale are grown or raised?

YES: ☐ NO: ☐

HOURS OF OPERATION: _____
Shall not begin before 8:00 a.m. or continue after 10:00 p.m.

DATES OF SALE: _____

PARTNER INFORMATION

NAME: _____ PHONE: _____

ADDRESS: _____
Street No. Street Address

PO Box City State Zip Code County

SS NO: _____ - _____ - _____ D.O.B: ____ - ____ - ____ DL NO: _____
Attach Copy of Driver's License

EMPLOYEE INFORMATION

1) NAME: _____ PHONE: _____

ADDRESS: _____
Street No. Street Address

PO Box City State Zip Code County

SS NO: _____ - _____ - _____ D.O.B: ____ - ____ - ____ DL NO: _____
Attach Copy of Driver's License

2) NAME: _____ PHONE: _____

ADDRESS: _____
Street No. Street Address

PO Box City State Zip Code County

SS NO: _____ - _____ - _____ D.O.B: ____ - ____ - ____ DL NO: _____
Attach Copy of Driver's License

CONTINUATION – ROADSIDE PRODUCE STAND- 3

EMPLOYEE INFORMATION (continued)

3) NAME: _____ **PHONE:** _____

ADDRESS: _____
Street No. Street Address

PO Box City State Zip Code County

SS NO: _____ - _____ - _____ **D.O.B:** ____ - ____ - ____ **DL NO:** _____
Attach Copy of Driver's License

4) NAME: _____ **PHONE:** _____

ADDRESS: _____
Street No. Street Address

PO Box City State Zip Code County

SS NO: _____ - _____ - _____ **D.O.B:** ____ - ____ - ____ **DL NO:** _____
Attach Copy of Driver's License

5) NAME: _____ **PHONE:** _____

ADDRESS: _____
Street No. Street Address

PO Box City State Zip Code County

SS NO: _____ - _____ - _____ **D.O.B:** ____ - ____ - ____ **DL NO:** _____
Attach Copy of Driver's License

6) NAME: _____ **PHONE:** _____

ADDRESS: _____
Street No. Street Address

PO Box City State Zip Code County

SS NO: _____ - _____ - _____ **D.O.B:** ____ - ____ - ____ **DL NO:** _____
Attach Copy of Driver's License

CONTINUATION – ROADSIDE PRODUCE STAND- 4

HAS THE APPLICANT(S), PARTNER(S), CORPORATE MEMBER(S) OR EMPLOYEE(S) EVER BEEN CONVICTED OF A CRIMINAL OFFENSE?

YES: ☐

NO: ☐

IF YES, PLEASE INDICATE:

<u>NAME</u>	<u>NATURE OF OFFENSE</u>	<u>DATE OF OFFENSE</u>	<u>PLACE OF CONVICTION</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**EACH APPLICANT AND EMPLOYEE SHALL CONTACT THE MILLVILLE POLICE DEPARTMENT AND ARRANGE TO BE FINGERPRINTED AND THE PRINTS SHALL BE SUBMITTED TO FEDERAL AND STATE AUTHORITIES FOR COMPARISON AND CRIMINAL RECORD INVESTIGATION. IN THE CASE OF PARTNERSHIPS AND CORPORATIONS THOSE PERSONS WHO ARE REQUIRED TO PROVIDE INFORMATION FOR THE APPLICATION SHALL SUBMIT TO FINGERPRINTING.
CONTACT THE MILLVILLE TRAFFIC SAFETY BUREAU @ 856-825-7010**

SIGNATURE OF APPLICANT: _____
Signature Date

CONTINUATION – ROADSIDE PRODUCE STAND- 5

ZONING OFFICE:

*APPLICATION WAS RECEIVED BY MY OFFICE ON _____
Date Received By

APPROVED: ☐ DENIED: ☐ Zoning Officer _____
Signature Date

A brief explanation, if license was denied: _____

TRAFFIC SAFETY BUREAU:

*APPLICATION WAS RECEIVED BY MY OFFICE ON _____
Date Received By

APPROVED: ☐ DENIED: ☐ Traffic Safety Officer _____
Signature Date

A brief explanation, if license was denied: _____

POLICE CHIEF:

*APPLICATION WAS RECEIVED BY MY OFFICE ON _____
Date Received By

APPROVED: ☐ DENIED: ☐ Police Chief: _____
Signature Date

A brief explanation, if license was denied: _____

*Upon the receipt of an application for a license which necessitates an inspection or investigation before the issuance of the license, the City Clerk shall refer such application to the proper City officials for making the investigations within 48 hours of the date when the application was filed. The municipal officials charged with the duty of making an investigation or inspection shall make a written report, either favorable or otherwise within 10 days after receiving a copy of the application.

APPROVED: ☐ DENIED: ☐ City Clerk _____
Signature Date