



Borough of Hamburg

16 Wallkill Avenue
Hamburg, New Jersey 07419

Beth Martin, Acting Clerk/Registrar
Telephone: (973) 827-9230 x 4010
Fax : (973) 827-0466
Clerk@hamburgnj.org
www.hamburgnj.org

Dear Applicant,

You have been issued an application for **Peddlers, Hawkers, Solicitors, and Canvassers License**. Please complete the application and return to the office of the Clerk.

Directions for a criminal history background check are as follows:

Go to <https://www.njportal.com/njsp/criminalrecords/>

The applicant must:

- ✓ Log onto website: <https://www.njportal.com/njsp/criminalrecords/>
- ✓ Click on the **ONLINE FORM 212A** (Highlighted block located on the lower left side of the page)
- ✓ **Hamburg Police Agency ORI number is NJ0190900**
- ✓ **Background requested for "Local Ordinance:"**
- ✓ Follow the prompts for demographic and payment information. (\$20 fee payable by credit card or electronic check)
- ✓ Upon completion of the form, the applicant will receive an email Confirmation & Receipt that will include a confirmation number. Please return a copy of this to the Hamburg Police Department.
- ✓ If you need assistance, click on the **Help Tab** located on the top right side of the page.

BOROUGH OF HAMBURG

APPLICATION FOR PEDDLERS, HAWKERS,

SOLICITORS AND CANVASSERS

License Fee: ☐ \$50.00 per year ☐ \$10.00 per day
Make Checks payable: Borough of Hamburg

☐ **New Application** ☐ **Renewal**

1. The applicant is an:

☐ Individual ☐ Partnership ☐ Corporation

2. The Applicant ☐ Has ☐ Has not applied for a license to peddle, hawk, solicit
and/or canvas in another municipality of the State of New Jersey.

(IF YES, SUMBIT COPIES ALONG WITH THIS APPLICATION)

QUESTIONS 3 THROUGH 12 MUST BE FILLED OUT BY ALL APPLICANTS

3. Provide the following information, for both the applicant and for each partner,
employee or agent who will peddle, hawk, solicit or canvass. **Fill out separate
applications for each individual.**

Name: _____

Residence: _____

Soc.Sec.#: _____ Birth Date: _____

Driver Lic. #: _____ Birth Place: _____

Home Phone: _____ Business Phone: _____

Email Address: _____

Age: _____ Weight: _____ Height: _____

PLEASE SUBMIT TWO FORMS OF IDENTIFICATION ALONG WITH THIS APPLICATION

4. Nature of the Business to be conducted: _____

5. Type of merchandise to be sold or services to be solicited:

6. Length of time for which license is desired: _____

7. Name and Address of Employer _____

8. Description and Vehicle Identification Number of Vehicle(s) to be used, if any:

Make of Vehicle: _____ Year: _____ Body Type: _____

Color: _____ License Plate #: _____ State: _____

VIN # : _____

Please provide a copy of the vehicle insurance card and registration.

9. Residence(s) where the applicant has resided for a period of three years immediately prior to making application:

Residence

From

To

10. Has the individual(s) named above ever been convicted of a felony, a crime as a disorderly person, or of any violation of any ordinance regulating peddlers, hawkers, solicitors or canvassers.

☐

YES

☐

NO

11. If the answer to question #10 was "YES", furnish the following information:

Date of Conviction: _____

Name/Location of Court: _____

Violation Charged: _____

Disposition: _____

12. Please check the appropriate box:

☐ Fee is attached in the amount of: _____

☐ Exemption from payment of fees is claimed.

**QUESTIONS #13 THROUGH #20 MUST BE ANSWERED BY
BUSINESSES OR CORPORATIONS ONLY**

13. Corporate/Business name of applicant: _____

14. State of New Jersey Taxation Identification #: _____

(Attach a copy of corporation's Resale Tax Certificate)
*** Non-profit organizations and other government agencies are not
required to submit a Business Registration Certificate.**

15. Address of principal office: _____

16. Address of Registered Office in New Jersey: _____

17. Date Incorporated: _____

18. Under laws of what State? _____

19. If not incorporated under the laws of the State of New Jersey, is corporation
authorized to do business in New Jersey?

☐ YES ☐ NO

(Attach a copy of corporation's Business Registration Certificate)
*** Non-profit organizations and other government agencies are not required
to submit a Business Registration Certificate.**

20. Name and residences of all officers of applicant corporation and office held by each:

Name

Residence

Office

QUESTIONS #21 THROUGH 25 MUST BE ANSWERED BY THOSE
APPLICANTS CLAIMING EXEMPTION FROM THE
PAYMENT OF LICENSE FEES

21. If exemption is claimed as a non-profit making vendor or solicitor, set forth a description of the activities of the non-profit organization and the authority for non-profit status:

22. If exemption is claimed as a person honorably discharged from military service and possessing a peddler's license in conformity with R.S. 45:24-9 et. seq., furnish number of such:

23. If exemption is claimed as an exempt fireman in conformity with R.S. 45:24-9 et seq., furnish number of the license held by such exempt fireman:

24. If exemption is claimed under a license or permit issued under any legislation of the United States Government or by a State Agency pursuant to statute, describe same and furnish number of said license.

25. Set forth the present status and expiration date, if any, of said exempt license claimed from question #22, #23 or #24.

SUBMIT 3 PHOTOGRAPHS WITH THIS APPLICATION	SIGNATURE OF APPLICANT: DATE OF APPLICATION:
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(PLEASE BE PREPARED TO PROVIDE AT LEAST 3 CHARACTER REFERENCES)

**MUNICIPAL APPROVALS FOR PEDDLER/HAWKER/SOLICITOR
APPLICATION**

ZONING OFFICER

- ☐ Based on my review of the attached application, it appears to me that there would be no violation of existing zoning laws in the course of conducting the nature of the business as stated on the application.
- ☐ The proposed business activity as described in the attached application would constitute a violation of existing zoning law in the Borough of Hamburg.

Reference: Borough Ordinance No. _____

Signed: _____ Dated: _____

ADDITIONAL COMMENTS:

**MUNICIPAL APPROVALS FOR PEDDLER/HAWKER/SOLICITOR
APPLICATION**

HEALTH INSPECTOR

☐ Based on my review of the attached application, it appears to me that there would be no violation of existing health code regulations in the course of conducting the nature of the business as stated on the application.

☐ The proposed business activity as described in the attached application would constitute a violation of existing health regulations in the Borough of Hamburg and/or State of New Jersey.

Reference: Ordinance or Statute: _____

A food handling license is needed as well: ☐ YES ☐ NO

Signed: _____ Dated: _____

ADDITIONAL COMMENTS:

MUNICIPAL APPROVALS FOR PEDDLER/HAWKER/SOLICITOR
APPLICATION

POLICE CHIEF

- ☐ Based on the criminal record check performed by my department, there is no reason that the application should be denied based on criminal history.
- ☐ A criminal record check on the above applicant has revealed the following criminal record information:

Signed: _____ Dated: _____

ADDITIONAL COMMENTS: