APPLICATION FOR TRANSIENT MERCHANT LICENSE
TOWNSHIP OF WOODBRIDGE
CHAPTER 4 ARTICLE 4-2

Persons who engage in a merchandising business with the intent to close out or discontinue such business within one (l) year from the date of commencement, including those who, for the purpose of carrying on such business, hire, lease or occupy any building, lot, structure or railroad car for the exhibition and sale of goods, wares and merchandise. Three (3) passport size photos for each person operating under this license must be submitted with application. **(Fees: $100.00 (non-refundable). Application Fee for the processing and investigation of this application which includes one (1) person. An additional $50.00 Application Fee is required for each additional representative operating under this license; plus a License Fee of $50.00 per day, up to a maximum of $1,000.00 per calendar year provided however that any Transient Merchant securing a license after July 1st shall pay up to a maximum of $500.00 for the remainder of the calendar year.**

NJ SALES TAXID#_____

(Copy of Tax ID Certificate Must Be attached)

CHECK ONE: (___) NEW APPLICANT (___)RENEWAL FROM IMMEDIATE PRECEEDING YEAR

NAME OF BUSINESS:_____

BUSINESS ADDRESS:_____

BUSINESS PHONE#:_____CONTRACT PHONE # (if different):_____

CONTACT PERSON:_____ EMAIL ADDRESS:_____

STREET ADDRESS WHERE TRANSIENT MERCHANT BUSINESS WILL BE CONDUCTED:

(**Attach letter from property owner authorizing Transient Merchant to operate on above premises**)

DATES REQUESTED: COMMENCE DATE:_____END DATE:_____

NUMBER OF REPRESENTATIVES CONDUCTING ACTIVITY: ____(**Attach a copy of each individual's drivers license or, a photo identification card together with a copy of each individual's birth certificate and/or social security card. Also attach a letter from business certifying that the individuals are authorized to act as a repesentative of said business and include a photograph and depiction of where food truck/cart will be located).**

NATURE OF GOODS/MERCHANDISE TO BE SOLD OR TO BE OFFERED FOR SALE OR SERVICES TO BE FURNISHED:

HAVE YOU OR ANY REPRESENTATIVE TO BE LICENSED UNDER THIS APPLICATION EVER ARRESTED AND/OR CONVICTED OF A CRIME? **CHECK ONE**: ( ) YES ( ) NO

IF YOU ANSWERED YES TO THE ABOVE EXPLAIN THE NATURE OF THE OFFENSE(S) AND INDICATE THE DATE(S) AND PLACE (S) OF OCCURENCE: (**Attach police reports and court disposition certification**).

LIST OTHER TOWNS YOU HAVE POSSESSED A TRANSIENT MERCHANT'S LICENSE IN THE LAST TWO (2) YEARS:

- **THERE IS NO SELLING OF MERCHANDISE BEFORE 9:00 A.M. OR AFTER SUNSET.**
- **NO ONE IS PERMITTED TO SELL ON STATE, COUNTY OR MUNICIPAL PROPERTY/ROADWAYS.**

I hereby certify that I have fully and truthfully completed this application and will abide by all laws of the State of New Jersey and Ordinances of the Township of Woodbridge.

_____
Signature of Applicant

_____
Name of Applicant

Address:_____

Phone#_____

NOTE: ALL APPROVALS BELOW MUST BE OBTAINED BEFORE SUBMITTING APPLICATION TO THE MUNICIPAL CLERK FOR A LICENSE.

*I recommend Approval_____Disapproval_____
(if disapproved, indicate reasons as required by Ordinance)

_____
Joseph Nisky Date
Director of Police

_____
Anthony Tortorello Date
Zoning Officer

_____
David Kologinsky Date
Health Director (if applicable)

_____
John M. Mitch, RMC, CMC, CMR Date
Municipal Clerk

License Number _____

Date Issued: _____

Total Fees Paid: $_____

WOODBRIDGE POLICE DEPARTMENT
PEDDLER, SOLICITORS, OR TRANSIENT MERCHANT LICENSE

ROUTE SHEET

NAME OF APPLICANT: _____

ADDRESS: _____

_____

MALE ____ **FEMALE** _____ **RACE** _____

PHONE: _____

DOB: _____

S.S. # _____

LIC. # _____

DIVISION	RESEARCHED BY	STATUS
RECORDS: REPORTS	_____	_____
DISPATCH: NCIC	_____	_____
D/L CHECK	_____	_____
ATS/ACS	_____	_____
S.I.U.	_____	_____
C.I.D.	_____	_____

KEY: STATUS OF FILE: **F/A = FOUND AND ATTACHED**
N/F = NOTHING FOUND