

BOROUGH OF OCEAN GATE
VENDOR PERMIT APPLICATION

APPLICATION NO. _____

NAME: _____ ADDRESS: _____

SS NO. _____ TELEPHONE NO. _____

VETERAN Y OR N PROOF _____

BUSINESS ADDRESS _____ TELEPHONE NO _____

MERCHANDISE TO BE SOLD _____

LICENSE EXPIRATION DATE: _____

VEHICLE: MAKE _____ MODEL _____ YEAR _____

DRIVER'S LIC # _____ LIC PLATE# _____

INSURANCE CO.: _____ POLICY NO: _____

FLASHING RED LIGHTS Y OR N _____ STOP SIGN ON SIDE _____

WHERE MERCHANDISE TO BE SOLD
PURCHASED _____

TWO (2) BANKING OR BUSINESS
REFERENCES _____

HAS APPLICANT BEEN CONVICTED OF VIOLATION OF AN ORDINANCE
OR CRIMINAL ACT Y OR N _____ IF YES, EXPLAIN _____

ATTACH COPY OF FOOD HANDLER'S PERMIT AND \OR SANITARY
CERTIFICATION.

ATTACH TWO 92) 2"X2" CURRENT PHOTOS OF APPLICANT.

THIS LICENSE IS NOT TRANSFERABLE.

OATH: I SOLEMNLY SWEAR THAT THE ABOVE INFORMATION IS COMPLETE AND TRUE TO THE BEST OF MY KNOWLEDGE.

DATE_____ SIGNATURE_____

APPLICANT AGREES TO COMPLY WITH ALL REQUIREMENTS OF SECTION 8 AND 9 OF ORDINANCE NO. 250.

FEE:_____ DATE APPROVED/REJECTED:_____

OFFICIAL SIGNATURE_____ TITLE:_____

REQUEST FOR CRIMINAL HISTORY RECORD INFORMATION FOR A NONCRIMINAL JUSTICE PURPOSE

(TYPE OR PRINT ALL INFORMATION)

COMPLETE NAME AND ADDRESS OF REQUESTING AGENCY

		ASSIGNED IDENTIFIER (ORI Number)	
		REQUESTING AGENCY USE ONLY	
NAME (Including Maiden Name)		SBI NUMBER (If Known)	
(Last Name)	(Maiden Name)	(First Name)	(Middle)
ADDRESS		FBI NUMBER (If Known)	
(Number)	(Street)	(City)	(State)
DOB	SEX	RACE	SOCIAL SECURITY NUMBER
(Month)	(Day)	(Year)	

I certify that I am authorized to receive Criminal History Record Information pursuant to a Federal or State Statute, Rule or Regulation, Executive Order, Administrative Code Provision, Local Ordinance, or Resolution. I understand that the Criminal History Record Information received shall not be disseminated to persons unauthorized to receive the information.

(Enter the appropriate Statute, Rule or Regulation, Executive Order, Administrative Code, Local Ordinance, or Resolution.)

Type or Print Name of Authorized Person Making Request

Signature of Authorized Person Making Request

AUTHORIZATION BY SUBJECT OF REQUEST AND PRIVACY ACT NOTIFICATION

Supervisor, State Bureau of Identification:

I hereby authorize the release of any Criminal History Record Information maintained by your agency, meeting dissemination criteria, for the above stated Noncriminal Justice Purpose to _____
(Insert name of agency you authorize to receive this information.)

Pursuant to the Privacy Act of 1974 (P.L. 93-579), I realize that disclosure of my social security number is voluntary. I also realize my social security number will be used by the State Bureau of Identification for the purpose of facilitating the security check authorized by the above referenced authority. Any information released as a result of this authorization, including the furnishing of my social security number, shall be used only for the express purpose of processing the above indicated application.

X

Signature of Applicant

Date