Township of Stafford
260 East Bay Avenue
Manahawkin, New Jersey 08050
609-597-1000 EXT. 8526

Dealers of Secondhand Goods and Precious Metals Application

Township Code Chapter 174

Name of Applicant:			Date of Birth:
Height:	Weight:	Hair Color:	Eye Color:
Home Address:			
City:	State:		Zip:
Telephone:	Email Address:		
Has the applicant ever been convicted of a crime, or been convicted of a violation of any other municipal ordinances pertaining to licensing requirements:			☐ Yes ☐ No
Are you a U.S Citizen?			☐ Yes ☐ No

Business Structure and Ownership (check one): If other, please identify business structure.

☐ Self-Employed ☐ Partnership ☐ Corporation ☐ Association ☐ Limited Liability Company ☐ Other

Legal name of business entity:		
Business Address:		
City:	State:	Zip:
Telephone: (primary)	Telephone: (alternate)	
Email Address:		
Does the business fall under a self-employed ownership? If no, please state name and business address of employer:		☐ Yes ☐ No
Name of Employer:		
Business Address:		
City:	State:	Zip:
Name of President of Corporation:		
Home Address:		
City:	State:	Zip:

Employment record for the last five years: Please make copies of this page if additional space is needed.

Business Name:	Position/Title:
Business Address:	
City:	State: Zip:
Business Name:	Position/Title:
Business Address:	
City:	State: Zip:
Business Name:	Position/Title:
Business Address:	
City:	State: Zip:

Set forth, in detail, the nature of the business to be conducted in the Township of Stafford and a description of the merchandise or service to be sold or rendered:	
Please identify payment type for $100 fee;	Cash: ☐ Check: ☐ Money Order: ☐

"*I hereby certify that the statements made within this application are true, complete and correct to the best of my knowledge and belief, and are made in good faith."*

Signature: _____ Date: _____

Any falsification on this application will result in immediate denial of license.

For Clerk Use Only

License Type:

Amount: _____ Check Number: _____

License Number:

For Police Use Only

Approved ☐ Denied ☐

Special Conditions: _____

Signature: _____ Date: _____

Russell Griffin, Chief of Police, Stafford Township