In Accordance With Alloway Township Code Chapter 87 Entitled "Peddling and Soliciting" Article I

Alloway Township

Municipal Clerk's Office
P.O. Box 425, Alloway, NJ 08001
Phone: (856) 935-4080 / Fax: (856) 935-2993

Application Peddling and Soliciting
NON-Food Vendor

Applicant Information ***(Please Print)***

Name:_____ Phone Number: (_____) _____

Email: _____

Home Address: _____

_____

Place or places of residence for preceding three years:

_____

_____

Has applicant been convicted of any crime, misdemeanor, or violation of any local law or ordinance?
_____ No _____ Yes If so, please explain:

(a) Nature of offense_____

(b) Where committed_____

(c) Punishment or penalty_____

Business Information

Name of business: _____

Address: _____

_____

Length of time License desired: _____

Description of merchandise to be offered for sale: _____

Vehicle Tag # _____ Make/Model: _____ Color: _____ Year_____

Type of equipment the goods will be sold from (cart, table, trailer, etc.) _____

If a stationary cart, trailer etc., what location do you plan to set up (on what road) _____

Three business references with contact telephone numbers:

1) _____ (_____) _____

2) _____ (_____) _____

3) _____ (_____) _____

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The following must be included with this application

_____ A signed letter by the employer authorizing the applicant to act as agent of the employer *(If applicant is an employee of the business)*

_____ Copy of New Jersey Sales & Tax Certification or Exemption therefrom must be provided.

_____ Copy of Food Vendor's Current Health Inspection *(Must be less than one (1) year old)*

_____ Photograph of person applying for license must be provided.

_____ Copy of Peddler's License if vendor was honorably discharged from U.S. military service and possesses a valid peddler's license.

_____ Copy of IRS Tax Exemption if vendor is a recognized charitable organization

_____ Obtain a Type 1 Fire Permit *(application enclosed)*

_____ Signed 'Hold Harmless Agreement' – *Must be submitted for each vendor and/or agent*

_____ License Fee: $100.00 per person, per day for each selling unit/device

Signature of Applicant: _____ ***Date:*** _____

NOTE: ***THE INFORMATION YOU PROVIDE IN THIS APPLICATION WILL BE VERIFIED WITH THE NEW JERSEY STATE POLICE.***

For Township Use Only

Application received: Fee received $_____

Date approved: _____

License number: _____ Date issued: _____

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HOLD HARMLESS AGREEMENT

To the fullest extent permitted by law, _____
Agent
of _____ agrees to defend, pay on behalf of,
Vendor/Company Name
indemnify, and hold harmless the **Township of Alloway**, its elected and appointed officials, its agents, employees and volunteers and others working on behalf of the **Township of Alloway** against any and all claims, demands, suits, or loss, including all costs connected therewith, and for any damages which may be asserted, claimed or recovered against from the **Township of Alloway**, its elected and appointed officials, its agents, employees, volunteers or others working on behalf of the **Township of Alloway**, by reason of personal injury, including bodily injury or death and/or property damage, including loss of use thereof, which arises out of or is in any way connected or associated with my participation as a vendor at the _____.

Date: _____ _____
Agent's Signature

_____
Vendor/Company Name