

APPLICATION FOR LICENSE FOR PEDDLING

Manalapan Township
120 Route 522 & Taylors Mills Road
Manalapan, New Jersey 07726

Chapter 169, Peddling

(must be filled out in duplicate)

Application submitted by partnerships or corporations must have attached hereto an individual signed statement, containing all of the information required below, for each partner, agent or employee who is to be engaged in the licensed activity.

All applicants and their partners, agents, or employees who must submit individual statements as aforementioned **must attach hereto** two photographs within 60 days prior to date of application showing the applicants head and shoulders, a minimum size of 2" x 2"

Each applicant **must attach** a written statement from the individual, firm or corporation, employing the applicant certifying that the applicant is authorized to act as the representative of the employer.

APP. RECV'D. _____ ANNUAL FEE \$50.00 _____ ck or cash
(non-refundable)

NAME OF APPLICANT _____
NAME OF APPLICANT MUST BE THE SAME AS ON THE CERTIFICATE OF AUTHORITY

REQUIRED E-MAIL: _____

D/B/A (Trade Name) _____

COLOR OF EYES _____ SEX _____ SOCIAL SECURITY # _____ - _____ - _____

DATE OF BIRTH ____/____/____

PERMANENT HOME ADDRESS _____

LOCAL BUSINESS ADDRESS _____

TELEPHONE NO. (____) _____ SECONDARY NO. (____) _____

Place or places or residence of applicant for three years preceding the date hereof, if not the same as above.

NAME OF EMPLOYER _____

ADDRESS OF EMPLOYER _____

EMPLOYMENT RELATIONSHIP OF APPLICANT TO EMPLOYER _____

IS EMPLOYMENT RELATIONSHIP SET FORTH IN WRITING? Yes ____ No ____
If, yes attach a copy hereto.

LENGTH OF TIME FOR WHICH LICENSE IS REQUESTED _____
(License is good only for a calendar year – Example 1/1/2008 to 12/31/2008)

HOURS OF THE DAY AND DAYS OF THE WEEK DURING WHICH LICENSE ACTIVITY WILL BE CONDUCTED _____

MONDAY THRU SATURDAY 9AM UNTIL 7PM

DESCRIBE THE NATURE OF THE BUSINESS AND THE GOODS, PROPERTY OR SERVICES TO BE SOLD OR SUPPLIED

CURRENT PROPERTY LOCATION OF GOODS, PROPERTY OR SERVICES TO BE SOLD

METHOD OF DELIVERY _____

VEHICLE IS PARKED OVERNIGHT AT _____

TYPE OF VEHICLE TO BE USED:

A) FOR PEDDLING:

Make of Vehicle _____ Model _____

Year _____ Color _____ Plate Number _____

Insurance Company Name _____

Policy Number _____ Expires _____

B) FOR DELIVERY:

Make of Vehicle _____ Model _____

Year _____ Color _____ Plate Number _____

Insurance Company Name _____

Policy Number _____ Expires _____

LIST TWO BUSINESS OR BANKING REFERENCES LOCATED IN NEW JERSEY.

1. _____

2. _____

Has the applicant been convicted of any crime or violation of any municipal ordinance other than traffic offenses, and, if so set forth the date and place of conviction, and the nature of the offense, and the punishment or penalty imposed.

(If more space is needed attach an additional sheet)

Have the fingerprints of the applicant been taken in any town or municipality in the State of New Jersey within the last 12 months? YES _____ NO _____ If yes, set forth:

NAME OF TOWN OR MUNICIPALITY _____

DATE _____

REASON FOR FINGERPRINTING _____

NOTE: THE APPLICANT SHALL BE FINGERPRINTED IF THE CHIEF OF POLICE DETERMINES THAT FINGERPRINTS ARE NECESSARY FOR PROPER IDENTIFICATION.

Applicant acknowledges that the approval of the license requested will not be used or represented in any way as an endorsement of the proposed peddler or hawker by the Twp. of Manalapan or by any of its Officers or Departments.

STATE OF NEW JERSEY
COUNTY OF MONMOUTH

Sworn and Subscribed to before me
This _____ day _____, _____

Signature of Applicant

PRINTED NAME

Notary Signature

MISCELLANEOUS APPROVALS, IF REQUIRED

ZONING OFFICER _____ DATE _____

HEALTH DEPARTMENT _____ DATE _____

FIRE BUREAU _____ DATE _____

APPROVED _____ DENIED _____

DATE

Municipal Clerk
Manalapan Township

Expires December 31st of the calendar year.

Township of Manalapan

POWER OF ATTORNEY
Peddling License
Hawking and Vending

THIS POWER OF ATTORNEY made on this ___ day of _____,

BETWEEN: the Principal (s) _____

whose address is _____

Individually referred to as "I" or "my",

AND: the Agent (s)

THE MUNICIPAL CLERK OF THE TOWNSHIP OF MANALAPAN

whose address is 120 Route 522 & Taylors Mills Road, Manalapan, New Jersey 07726

referred to as "You",

I HEREBY appoint you to act as my agent, to accept service from any court of competent jurisdiction. By signing below, I acknowledge that I have received a copy of this Power of Attorney and that I understand its terms and hereby approve and confirm your acceptance of any process on my behalf, and when so made, shall be as valid as if personally served upon me, according to the laws of this or any other state, and waiving all claim or right of error by reason of such acknowledgment of service or manner of service. I further affirm and acknowledge that you are not responsible for the filing of any answers or defense of any claim or service of any answer or action to defend with regard to any process served upon Agent and that the Agent shall, by certified mail, forward any notice of process to the address shown on said application.

Witnessed by:

(Signature) _____
PRINT NAME:

(Signature) _____
PRINT NAME:
OF APPLICANT

(Signature) _____
PRINT NAME:
MUNICIPAL CLERK

STATE OF NEW JERSEY)
) SS.
COUNTY OF)

I CERTIFY that on _____,

personally came before me and acknowledged under oath, to my satisfaction, that this person (or if more than one, each person):

- (a) is named in and personally signed this document;
(b) signed, sealed and delivered this document as his or her act and deed.

NOTARY PUBLIC