

Amt Pd:\$\_\_\_\_\_ Init: \_\_\_\_\_  
Ck/Mo # \_\_\_\_\_  
Receipt #: \_\_\_\_\_

**BOROUGH OF SPOTSWOOD**  
**77 SUMMERHILL ROAD**  
**SPOTSWOOD, NJ 08884**

**YEAR: 20\_\_\_\_\_**

\$55.00 expires December 31<sup>st</sup>  
\$15.00 One Day Parade Permit  
Pro-rated @ \$4.58/month

Municipal Clerk’s Office  
(732) 251-0700 x8025

**APPLICATION FOR PEDDLERS, HAWKERS, FOOD HANDLERS & VENDORS LICENSE**  
(Please print or type)

Name of Applicant \_\_\_\_\_ Home Telephone \_\_\_\_\_

Home Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Hair \_\_\_\_\_ Eyes \_\_\_\_\_

Driver’s License No. \_\_\_\_\_ State: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Vehicle Used: Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_ Color \_\_\_\_\_ License Plate No. \_\_\_\_\_

Company or Organization Name \_\_\_\_\_

Business Address \_\_\_\_\_

Telephone No. (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Describe the nature of the business and the goods, property or services to be sold or supplied, where manufactured or produced, where goods are located and the proposed method of delivery:

Name of Municipalities where current solicitor’s permits are held, and permit number:

Have you ever been arrested for violations of any State Laws or Municipal Ordinances? \_\_\_\_\_

If yes, state full facts below: \_\_\_\_\_

List three character references:

<u>Name</u>	<u>Address</u>
1.	
2.	
3.	

Applicant’s Signature \_\_\_\_\_

Date \_\_\_\_\_  
Applicant’s Signature \_\_\_\_\_

**List names and addresses of all associates who will be soliciting with the applicant herein named in the space provided on the back of this form. .**

**Additional associates soliciting or canvassing with applicant:**

Name	Driver’s License No.
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Name	Driver’s License No.
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**(DO NOT WRITE BELOW THIS SPACE)**

Date Application Rec’d	_____	Date Fingerprinted	_____
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Investigating Officer	_____
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Application Approved	_____	Application Denied	_____
	(Date)		(Date)

Reason for Denial	_____
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