

TOWNSHIP OF TOMS RIVER
33 WASHINGTON STREET
TOMS RIVER, NEW JERSEY

APPLICATION FOR LICENSE PER CHAPTER 391
REGULATING PEDDLERS, ITINERANT VENDORS
AND CANVASSERS IN THE TOWNSHIP OF TOMS RIVER,
COUNTY OF OCEAN AND STATE OF NEW JERSEY."

Date Application filed: _____ License Fee: \$ _____

Date Granted or Denied: _____

DO NOT WRITE ABOVE THIS LINE

A. Name of Applicant: _____
(print name in full)

Description of Applicant: Male ___ Female ___ Height _____ Weight _____

Color of Hair _____ Color of Eyes _____ Birth Date _____

Address of Main Office or
Headquarters _____ Phone# _____

B. Self-Employed: Yes ___ No ___ Home Phone No: _____

If not Self-Employed State name and address of Applicants' Principal Officers, Operating
Managers & all members of Applicants Board of Directors : _____

C. State whether Applicant is an authorized New Jersey nonprofit Corporation. If so, please
indicate Name and attach Certificate of Incorporation, include any amendments or supplements
thereto.

D. If Applicant is a Corporation within State of New Jersey, state name and street address of
Registered Agent : _____

E. If Applicant is an individual, include both permanent home address and full local address.

F. If applicant is employed, include name and address of employer and provide credentials
establishing the exact relationship which applicant holds with respect to the corporate employer,
(i.e.: stockholder, officer, director or employee) _____

G. Provide a brief statement of the nature of the business and description of merchandise or
services to be sold or rendered:

H. Provide name and address of person(s) who will be directly in charge of sales, if it is not
the applicant: _____

I. Provide and outline of the method(s) to be used in conducting a sale or merchandise to be

offered: _____

J. Length of time for which license is desired, giving the preferred dates for beginning and end of license, If less than one year: _____

K. Will applicant use any motor vehicle to conduct business in the Township of Dover?

Yes _____ No _____

License # _____

Vehicle Description _____

L. Place where goods or property to be sold or offered for sales, are manufactured or produced, where such goods or property are located at the time such application is filed and include the method of delivery: _____

M. If the applicant is an individual, Two photographs of applicant taken within 60 days, immediately prior to the date of the application, which shall clearly show the head and shoulders of applicants. Photographs shall measure two inches by two inches and a set of fingerprints to be taken by the Township Police Department.

N. Set forth two (2) business or bank references, located in the County of Ocean, New Jersey: _____

O. Provide a statement to the effect that if a license is granted, it will not be used or represented in any way as an endorsement by the Township of Dover or by any Department or Officer thereof:

P. Provide a signed statement as to whether the applicant has been convicted of any crime, misdemeanor, or violation of any municipal ordinance, the nature of the offense and punishment or penalty assessed for same and set fourth the details for same.

Q. Applicant must provide such other information as may be reasonably required by the Police Chief, in order for him to determine the kind and character of the proposed solicitation and whether such solicitation is in the best interest of, and not inimical to, the public welfare.

R. Applicants must maintain and provide proof of insurance coverage in the minimum amounts of \$100,000 dollars per person for personal injuries, \$300,000 dollars per occurrence for personal injuries and \$50,000 dollars for property damage. The Township of Dover shall be named as Additional Insured on all such insurance policies.

(Please attach additional pages if necessary)

This application must be accompanied by two (2) photographs of the applicant taken within sixty (60) days of the making of this application, showing the head and shoulders of the applicant and shall measure two by two (2" X 2") inches.

In the event that the license is for a business involving a food handler's license under the rules and regulations of the Board of Health of the Township of Dover, the above license shall not be issued until approved by the duly authorized agent of said Board of Health. The applicant hereby certifies that the foregoing statements are true.

DATED: _____

SIGNATURE OF APPLICANT

Procedures to obtain a Vendors Permit

- 1. Report to the Toms River Police Dept to obtain a file number and paper work to have fingerprints taken with Morpho Trac. Once you have completed the fingerprinting process, you must report back to the Police Department with your receipt.**
- 2. Call Ocean County Health Dept. set up inspection. 732-341-9700**
- 3. You will need to purchase a food handlers license from Toms River Township Health Dept. once a satisfactory report is obtained from O.C. Health Dept. This fee is \$50.00**
- 4. You will need a certificate of Liability Insurance with Toms River Township listed as additionally insured, and also as the certificate holder, \$800.00 fee, any additional driver will be \$100.00 fee, copy of valid NJ drivers License, registration of vehicle, two 2x2 pictures of applicant.**

Any questions, please do not hesitate to call