

LICENSE - JUNE 1 THROUGH MAY 31

VENDOR'S APPLICATION
BOROUGH OF STONE HARBOR
CAPE MAY COUNTY, N.J.

date _____

Application for a license under Revised General Ordinances 1982 Borough of Stone Harbor and any amendment, supplement or revision thereof.

CHECK ONE: _____ PEDDLER, HAWKER OR VENDOR LICENSE.....\$ 350.00
_____ PEDDLER, HAWKER OR VENDOR PERMIT
(holders of license under NJSA
45:24-9 et seq).....NC
application and approval required

NAME OF APPLICANT _____

PERMANENT ADDRESS _____

LOCAL ADDRESS _____

PHONE (local) _____ (permanent) _____

DATE OF BIRTH _____ SOCIAL SECURITY # _____

NAME AND ADDRESS OF EMPLOYERS FOR PAST THREE YEARS _____

DESCRIBE EXACT BUSINESS TO BE LICENSED AND TRADE NAME TO BE USED _____

HOW MANY DAYS PER WEEK ACTIVITY TO BE CONDUCTED _____

NO. OF HOURS PER DAY _____

NATURE OF GOODS, PROPERTY OR SERVICES TO BE SOLD AND PRICES TO BE CHARGED

NAME OF POLICE DEPARTMENT WHICH HAS JURISDICTION OVER APPLICANT'S PERMANENT ADDRESS

HAVE YOU EVER BEEN CONVICTED OR ANY CRIME OR VIOLATION OF ANY MUNICIPAL ORDINANCE?

IF SO, DATE AND PLACE OF CONVICTION _____

MAKE OF VEHICLE TO BE USED UNDER THIS PERMIT _____

COLOR _____ BODY TYPE _____ LICENSE PLATE # _____

DRIVERS LICENSE # _____ STATE _____

HAVE YOU EVER CONDUCTED A BUSINESS UNDER ANOTHER TRADE NAME?

IF SO, WHAT NAME, WHERE AND WHEN _____

LIST TWO REFERENCES THAT CAN ATTEST TO THE CHARACTER AND RESPONSIBILITY OR THE APPLICANT _____

APPLICATION MUST INCLUDE THE FOLLOWING BEFORE BEING CONSIDERED

Applicants email address

1. Certificate of Insurance indicating that such person or entity is covered by a Policy of General Liability Insurance, with minimum limits of:

\$ 1,000,000.00 per occurrence

\$ 100,000.00 property damage limits

Name and Address of Insurance Agent must be provided, copy of Policy and the cancellation clause of the policy must include notice to the Borough of Stone Harbor.

- 2. Current Health Certificate from County Health Department
- 3. Veterans must submit copy of County or State Vendor's License.
- 4. Proof of Fire Code Official inspection of vehicle where required.
- 5. Recent photo of licensee.

APPLICATION WILL NOT BE CONSIDERED UNTIL COMPLETE.

I hereby certify that I am aware of and will abide by all the restrictions and regulations as set forth in the Borough of Stone Harbor Revised General Ordinances 6-1 through 6-2.12 inclusive, and any and all subsections. Furthermore, if the permit is approved, it will not be used or represented in any way as an endorsement of the proposed vending by the Borough of Stone Harbor or any of its officers, agents or departments.

I understand that I am required to notify the Borough of any changes in the information contained in this application and that the change must be submitted in writing within 24 hours of the change. I also certify that all answers supplied in this application are true and accurate to the best of my knowledge. I understand that a false answer may jeopardize the issuance of the permit for which I have applied.

NOTICE: IF THE VENDING COMPANY IS A PARTNERSHIP, EACH PARTNER IS REQUIRED TO SUBMIT A COMPLETED, SIGNED APPLICATION.

DATE _____ APPLICANT'S SIGNATURE _____

DO NOT WRITE BELOW THIS LINE

POLICE DEPARTMENT BACKGROUND INVESTIGATION SUMMARY:

INVESTIGATING OFFICERS RECOMMENDATION:

_____ APPROVE PERMIT	INVESTIGATORS SIGNATURE _____
_____ DISAPPROVE PERMIT	DATE _____ BADGE # _____

POLICE APPROVAL:

_____ APPROVE PERMIT	comments _____
_____ DISAPPROVE PERMIT	_____

Chief of Police _____ date _____

FIRE OFFICIAL REPORT:

Fire Official Signature _____

Date _____