

Borough of Roselle Park

DATE: _____

CANVASSING/PEDDLERSTRANSIENT LICENSE APPLICATION

TO: Borough Clerk
110 E. Westfield Avenue
Roselle Park, New Jersey 07204

TO THE HONORABLE MAYOR AND COUNCIL, ROSELLE PARK, NEW JERSEY

Dear Sir/Madam:

I herewith most respectfully make **application** for a license for:

_____ in the Borough of Roselle Park in accordance with the Ordinance governing Licensing and Business Regulations in the Borough of Roselle Park

SUNDAY SALES PROHIBITED

(Name) (Location/Streets)

(Address) (Dates)

(City, State) (Hours)

<u>License Fee</u>		<u>Quantity</u>
Canvass	\$ 25.00	_____
Peddler	\$100.00	_____
Transient Merchant	\$200.00	_____

Total Amount Due _____

THIS FORM MUST BE SIGNED AND APPROVED BY THE TOWN CLERK PRIOR TO THE ISSUANCE OF A LICENSE.

Approved BY

Town Clerk _____ Date: _____

Board of Health _____ Date: _____

Police _____ Date: _____

Application Denied: _____ Date: _____

Application Granted: _____ Date: _____

Town Seal

Without seal application has not been approved.

BOROUGH OF ROSELLE PARK POLICE DEPARTMENT
APPLICATION FOR PERMIT TO CANVASS OR PEDDLE

NAME _____ MAIDEN NAME _____

ADDRESS _____

LENGTH RESIDING AT ABOVE ADDRESS _____

IF LESS THAN 5 YEARS

PREVIOUS ADDRESS _____ LENGTH OF TIME _____

CITY, STATE _____

TELEPHONE NUMBER _____

DRIVERS LICENSE # _____ STATE _____

D.O.B. _____ PLACE OF BIRTH _____ CITIZEN _____

HT _____ WHT _____ HAIR _____ EYES _____ COMPLEXON _____ S/S# _____

NEXT OF KIN _____ ADDRESS _____

HAVE YOU EVER BEEN ARRESTED _____

IF YES EXPLAIN _____

PURPOSE OF PERMIT _____

INDIVIDUAL _____ ***FIRM** _____ ***CORPORATION** _____

NAME OF BUSINESS _____

PLACE OF BUSINESS _____

OFFICE PHONE NUMBER _____

***FIRM**

MEMBER OF FIRM: _____ ADDRESS _____

MEMBER OF FIRM: _____ ADDRESS _____

MEMBER OF FIRM: _____ ADDRESS _____

MEMBER OF FIRM: _____ ADDRESS _____

***CORPORATION**

PRINCIPAL OFFICERS

NAME: _____ ADDRESS _____

NAME: _____ ADDRESS _____

NAME: _____ ADDRESS _____

NAME: _____ ADDRESS _____

CURRENT EMPLOYER _____

ADDRESS _____

PHONE NUMBER _____

ATTACH TWO 2"X2" PHOTO'S

PRINT NAME (applicant)

SIGNATURE (applicant)

DATE

For internal use only:

Investigated by: _____ Y _____

Date: _____ N _____