

LICENSE NO. _____
DATE: _____

PAID: _____
FEE: \$ 25.00

**OFFICE OF THE CITY CLERK
LICENSING BUREAU
CITY OF PLAINFIELD, NEW JERSEY**

The undersigned hereby makes application for a license to carry on the business as: **(Please check One)**

A peddler, peddler's assistant, food peddler, or ice cream peddler who sell or offer for sale ' any goods, wares, or merchandise must be licensed; a peddler is one who goes from house to house, or place to place. Carrying goods for the purpose of selling and delivering them to purchasers, or, who offers services from door to door. a peddler's assistant one who assists the peddler in business, but who is not the owner or lessee of the business; a food Peddler means one whose activities are limited Solely to the We or distribution of food items from, a truck van, cart or other type of vehicle; an ice cream peddler means food peddler whose wares are limited solely to ice creams, ices and similar products.

Each vehicle used for peddling shall be licensed. Every Person on it shall be licensed as an assistant. No more than two licensees shall operate from one vehicle.

To Licensing Bureau:

TEMPORARY _____ DAY(S) DATE(S) _____

PEDDLER/VENDOR OPERATOR

PFDDLER/VENDOR ASSISTANT

PEES CHECK ONE (1): WITH AUTOMOBILE WITH HAND CART
 ON FOOT, WITHOUT A WHEELED VEHICLE

Wholly or in part within the limits of the City, subject to the provisions of the ordinances now in force. or which may hereafter be adopted by the city council (Reference: 9:7-1 et seq.)

NAME OF APPLICANT: _____ D.O.B. _____

ADDRESS: _____

TELEPHONE NOS. HOME: _____ BUSINESS: _____

NAME AND ADDRESS OF
NEAREST' RELATIVE _____

NAME AND ADDRESS OF SOURCES FROM WHICH GOODS ARE SOLD: _____

THREE REFERENCES: (NAME, ADDRESSES AND TELEPHONE NUMBERS) (NO RELATIVES)

PLACE OR PLACES OF RESIDENCE OF APPLICANT FOR PRECEDING THREE YEARS: _____

BUSINESS OWNERSHIP: NAME AND ADDRESS OF OWNER OF BUSINESS: _____

**PEDDLER/VENDOR OPERATOR
PEDDLER/VENDOR ASSISTANT**

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DESCRIPTION OF VEHICLES: PLATE NO. _____ YEAR AND MAKE: _____ LICENSE NO. _____

NAME AND ADDRESS OF OWNER OF VEHICLES: _____

DESCRIPTION OF GOODS TO BE SOLD: (BE SPECIFIC) _____

LOCATION WHERE GOODS ARE TO BE SOLD: (BE SPECIFIC) _____

NUMBER OF ARRESTS OR CONVICTIONS FOR MISDEMEANORS OR CRIMES & NATURE OF OFFENSE: _____

EXPLAIN IN DETAILS: _____

SOCIAL SECURITY # _____ SEX _____ RACE _____ AGE _____

HEIGHT _____ **WEIGHT** _____ COLOR/HAIR _____

COLOR/EYES _____ **TATTOOS, SCARS, AMPUTATIONS** _____

APPLICANTS SIGNATURE

APPROVED [] DENIED []

MUNICIPAL CLERK

APPROVED [] DENIED []

(CHIEF OF POLICE)

MUNICIPAL CLERK

DATE: _____

DATE: _____

***** NOTE: FIRST TIME APPLICANTS MUST BE FINGERPRINTED
AT THE PLAINFIELD POLICE DIVISION.**