

# BOROUGH OF SUSSEX

Municipal Building  
2 Main Street  
Sussex, New Jersey 07461

## APPLICATION FOR PEDDLERS, HUCKSTERS, NON-PROFIT-MAKING VENDORS, SOLICITORS AND CANVASSERS

License Fee:  \$100.00 per year

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New Application  Renewal

1. The Applicant is an:

Individual  Partnership  Corporation

2. The Applicant  Has  Has not applied for a license to peddle, hawk, solicit and/or canvas in another municipality of the State of New Jersey.

**(IF YES, SUBMIT COPIES ALONG WITH THIS APPLICATION)**

### ***QUESTIONS #3 THROUGH 12 MUST BE FILLED OUT BY ALL APPLICANTS***

3. Provide the following information, for both the applicant and for each partner, employee or agent who will peddle, hawk, solicit or canvass. **Fill out separate applications for each individual.**

Name: \_\_\_\_\_

Residence: \_\_\_\_\_

Soc. Sec. #: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Driver Lic. #: \_\_\_\_\_ Birth Place: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Age: \_\_\_\_\_ Weight: \_\_\_\_\_ Height: \_\_\_\_\_

**PLEASE SUBMIT TWO FORMS OF IDENTIFICATION ALONG WITH THIS APPLICATION**

4. Nature of the Business to be conducted: \_\_\_\_\_

5. Type of merchandise to be sold or services to be solicited: \_\_\_\_\_

\_\_\_\_\_

6. Length of time for which license is desired: \_\_\_\_\_

7. Name and Address of Employer: \_\_\_\_\_

\_\_\_\_\_

8. Description and Vehicle Identification Number of Vehicle(s) to be used, if any:

Make of Vehicle: \_\_\_\_\_ Year: \_\_\_\_\_ Body Type: \_\_\_\_\_

Color: \_\_\_\_\_ License Plate #: \_\_\_\_\_ State: \_\_\_\_\_

9. Residence where the applicant has resided for a period of three years immediately prior to making application:

Residence

From

To

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

10. Has the individual(s) named above ever been convicted of a felony, a crime as a disorderly person, or of any violation of any ordinance regulating peddlers, hawkers, solicitors or canvassers.

YES       NO

11. If the answer to question #10 was "YES", furnish the following information:

Date of Conviction: \_\_\_\_\_

Name/Location of Court: \_\_\_\_\_

Violation Charged: \_\_\_\_\_

Disposition: \_\_\_\_\_

12. Please check the appropriate box:

Fee is attached in the amount of: \$ \_\_\_\_\_

Exemption from payment of fees is claimed.

**QUESTIONS #13 THROUGH #20 MUST BE ANSWERED BY BUSINESSES OR CORPORATIONS ONLY**

13. Corporate/Business name of applicant: \_\_\_\_\_

14. State of New Jersey Taxation Identification #: \_\_\_\_\_

**(Attach a copy of corporation's Resale Tax Certificate)**

**\* Non profit organizations and other government agencies are not required to submit a Business Registration Certificate.**

15. Address of principal office: \_\_\_\_\_

16. Address of Registered Office in New Jersey: \_\_\_\_\_

\_\_\_\_\_

17. Date Incorporated: \_\_\_\_\_

18. Under laws of what State? \_\_\_\_\_

19. If not incorporated under the laws of the State of New Jersey, is corporation authorized to do business in New Jersey?

YES     NO

**(Attach a copy of corporation's Business Registration Certificate)**

**\* Non profit organizations and other government agencies are not required to submit a Business Registration Certificate.**

20. Name and residences of all officers of applicant corporation and office held by each:

Name	Residence	Office
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**QUESTIONS #21 THROUGH 25 MUST BE ANSWERED BY THOSE APPLICANTS CLAIMING EXEMPTION FROM THE PAYMENT OF LICENSE FEES**

21. If exemption is claimed as a non-profit making vendor or solicitor, set forth a description of the activities of the non-profit organization and the authority for non-profit status:

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22. If exemption is claimed as a person honorably discharged from military service and possessing a peddler's license in conformity with R.S. 45:24-9 et seq., furnish number of such:

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23. If exemption is claimed as an exempt fireman in conformity with R.S. 45:24-9 et seq., furnish number of the license held by such exempt fireman:

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24. If exemption is claimed under a license or permit issued under any legislation of the United States Government or by a State Agency pursuant to statute, describe same and furnish number of said license.

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25. Set forth the present status and expiration date, if any, of said exempt license claimed from question #22, #23 or #24.

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**(PLEASE BE PREPARED TO PROVIDE AT LEAST 3 CHARACTER REFERENCES)**

**SUBMIT TWO PHOTOGRAPHS WITH THIS APPLICATION**

**SIGNATURE OF APPLICANT:** \_\_\_\_\_

**DATE OF APPLICATION:** \_\_\_\_\_

**MUNICIPAL APPROVALS FOR PEDDLER/HUCKSTER/SOLICITOR  
APPLICATION**

**ZONING OFFICER**

Based on my review of the attached application, it appears to me that there would be no violation of existing zoning laws in the course of conducting the nature of the business as stated on the application.

The proposed business activity as described in the attached application would constitute a violation of existing zoning law in the Borough of Franklin.

Reference: Borough Ordinance No. \_\_\_\_\_

Signed: \_\_\_\_\_ Dated: \_\_\_\_\_

ADDITIONAL COMMENTS:

**MUNICIPAL APPROVALS FOR PEDDLER/HUCKSTER/SOLICITOR  
APPLICATION**

**HEALTH INSPECTOR**

Based on my review of the attached application, it appears to me that there would be no violation of existing health code regulations in the course of conducting the nature of the business as stated on the application.

The proposed business activity as described in the attached application would constitute a violation of existing health regulations in the Borough of Franklin and/or State of New Jersey

Reference: Ordinance or Statute: \_\_\_\_\_

**A food handling license is needed as well:**     **Yes**     **No**

Signed: \_\_\_\_\_ Dated: \_\_\_\_\_

ADDITIONAL COMMENTS:

**MUNICIPAL APPROVALS FOR PEDDLER/HUCKSTER/SOLICITOR  
APPLICATION**

**STATE POLICE**

Based on the criminal record check performed by my department, there is no reason that the application should be denied based on criminal history.

A criminal record check on the above applicant has revealed the following criminal record information:

Signed: \_\_\_\_\_ Dated: \_\_\_\_\_

ADDITIONAL COMMENTS:

