



Application for Vendors Permit

Federal Survey _____

State Survey _____

County Survey _____

Local Survey _____

Veteran _____

Non-Profit Organization _____

Other _____

Date of Application: _____

Name of Organization: _____

Contact Person: _____

Telephone No.: _____

Address: _____

Purpose for which permit is requested: _____

Additional Criminal Background Check and Fingerprint forms are available at the Municipal Clerk's office upon submission of application.

Signature of Applicant

License fee of \$300.00 is payable to Little Egg Harbor Township. Veterans are exempt from the \$300.00 fee, only.

Date Paid \$300.00: _____

Received: _____
Date

Copy to LEHPD: _____
Date

Approved: _____
Date

Denied: _____
Date

Vendor Permit No. _____

Date Issued: _____

Applicant's Name: _____
Last First Middle

Address: _____
Street City/Town State Zip

Date of Birth _____ Place of Birth _____
(Month Day Year) (City, State or Country)

Citizen: Yes _____ No _____ Social Security No. _____

Male _____ Female _____ Height _____ Weight _____ Hair _____ Eyes _____

Driver's License No. _____ Expires _____

Name of three (3) persons who have known applicant for a period in excess of three (3) years
(not related):

	<i>Name</i>	<i>Street</i>	<i>City/Town</i>	<i>State</i>	<i>Zip</i>
1.	_____				
2.	_____				
3.	_____				

Residence for applicant for three (3) years immediately preceding the date of application:

	<i>From</i>	<i>To</i>	<i>Address</i>	<i>City/Town</i>	<i>State</i>	<i>Zip</i>
1.	_____					
2.	_____					
3.	_____					

Date:

Signature of Applicant

Have you ever been convicted of a crime or disorderly person offense that has not been expunged or sealed?

Yes _____ No _____, if yes, list dates, places of offense:

Any convictions for violation of any Municipal Ordinances?

Yes _____ No _____, if yes, list dates & places:

Business Information

Name of Company: _____

Address of Company: _____

Business Phone No.: _____

Officers of Company and their Address:

Date:

Signature of Applicant

Brief business history and experience, including previous employers for the last ten (10) years:

Written permission from property owner is required if stationed on same.

(Name and Address) _____

Date:

Signature of Applicant

Brief description of the nature of the Business and a description of the wares of services to be offered for sale or purchased.

ATTACH TO FORM: *Name and address of the firm represented, if any and* acknowledged statement from the firm represented certifying that the applicant is authorized to act as the employer's representative or a statement the applicant is self-employed.

Description of Vehicle to be used:

Year	Make	Model	Color	State Tag #	Expires
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Insurance Carrier: _____

Address: _____

Phone No.: _____

Insurance Policy No.: _____ Expires: _____

Attach two (2) Photographs of Applicant, face, front and profile; minimum size, 1 ½" x 1 ½ ".

I certify that the foregoing answers are true and correct to the best of my knowledge and belief.

Date:

Signature of Applicant