



TOWNSHIP OF HARRISON - COUNTY OF GLOUCESTER
856-478-4111

APPLICATION FOR VENDOR'S PERMIT

DATE: _____ APPLICATION# : _____ PERMIT# : _____

Application should be completed in triplicate and filed with the Township Clerk at least thirty (30 days prior to the first day of the proposed activity. Print or type information except signature.

(1) APPLICANT'S FULL NAME (Individual) : _____

(2) S.S. #: _____ (3) DRIVER'S LIC. #: _____

(State Issued) : _____ (4) FEDERAL TAXPAYER ID#: _____

(5) ADDRESS (Permanent) : (Street) _____

(City) _____ (State) _____ (Zip) _____ (Tel. #) _____

(6) VETERAN : Yes _____ No _____ (7) SELF EMPLOYED: Yes _____ No _____

(8) IF NOT SELF-EMPLOYED, GIVE NAME AND ADDRESS OF EMPLOYER:

(Name) _____ (Street) _____

(City) _____ (State) _____ (Zip) _____ (Tel. #) _____

(9) HAVE YOU BEEN REFUSED OR HAD LICENSE REVOKED? Yes _____ No _____

(9a) WHERE? _____

(10) IF CONVICTED OF ANY CRIME (EXCEPT TRAFFIC OFFENSES) LIST DATE, PLACE, TYPE OF CRIME, AND SENTENCE: _____

(11) STATE TYPE OF MERCHANDISE OR SERVICE OFFERED: _____

(12) DATES AND HOURS OF VENDING : _____

PLEASE ATTACH/INDIATE THAT THE FOLLOWING HAVE BEEN COMPLIED WITH:

	YES	NO	N/A
AUTHORIZATION TO ACCEPT SERVICE OF PROCESS	_____	_____	_____
REPRESENTATION LETTER FROM EMPLOYER	_____	_____	_____
COPY OF CURRENT PHOTO DRIVER'S LICENSE	_____	_____	_____
NEW JERSEY SALES TAX CERTIFICATE	_____	_____	_____
PROOF OF INSURANCE	_____	_____	_____
APPLICATION FEE OF \$50.00 PAID	_____	_____	_____
PROOF OF ELIGIBILITY FOR EXEMPTION	_____	_____	_____
FEDERAL TAXPAYER IDENTIFICATION NUMBER	_____	_____	_____
FINGERPRINTS	_____	_____	_____

I certify that the information provided on this Application, and all documents and records I submitted are true and correct reproductions of the original, and I attest to the veracity and contents therein. If I have withheld any requested information or documents, intentionally or unintentionally, and/or make any false representation, I acknowledge that this Application will be denied, or any license subsequently issued shall be immediately revoked, and I am further subject to any penalty for providing false information on government documents in violation of N.J.S.A. 2C:21-2.1.

APPLICANT'S SIGNATURE: _____ **DATE:** _____

AUTHORIZATION TO ACCEPT SERVICE OF PROCESS

KNOW ALL MEN BY THESE PRESENTS, that I (we) do hereby appoint the Harrison Township Municipal Clerk, County of Gloucester in the State of New Jersey and his/her successors in office, my (our) attorney-in-fact, upon whom may be served all process affecting or relating to any matter or activity described in this Application. And I (we) do further agree that any process served upon the Municipal Clerk shall be of the same effect as if duly served upon me (us) within the State.

APPLICANT'S SIGNATURE: _____ **DATE:** _____

(Print Name)

FOR TOWNSHIP USE ONLY:

Chief of Police

APPLICATION REVIEWED: YES _____ NO _____ DATE: _____

RECOMMENDATIONS OR COMMENTS: _____

Municipal Clerk

APPLICATION APPROVED: YES _____ NO _____ DATE: _____

IF NO, STATE REASON: _____

TOWNSHIP OF HARRISON - COUNTY OF GLOUCESTER

APPLICATION FOR EXEMPT STATUS

(Ord. No. 17-1991, Vendors, etc.)

APPLICATION # : _____ PERMIT #: _____

**PART A. EXEMPT PERSONS ORGANIZATIONS, ACTIVITIES - LICENSING EXEMPTION.
FILE WITH TOWNSHIP CLERK THIRTY (30) DAYS PRIOR TO START OF ACTIVITY.**

(1) NAME AND ADDRESS OF ORGANIZATION: _____

(2) NATURE AND LOCATION OF PLANNED ACTIVITY : _____

(3) PERIOD DURING WHICH SOLICITATION OR SALE IS TO BE CARRIED ON: _____

(4) NAME, ADDRESS AND SOCIAL SECURITY NUMBER OF EACH PERSON WHO WILL
CONDUCT SOLICITATION (if several, attach separate sheet to this application):

(5) ATTACH A RECENT PHOTOGRAPH OF ALL PERSONS, WHO ARE NOT TOWNSHIP
RESIDENTS, WHO WILL CONDUCT SOLICITATIONS OR SALES.

SUCH ORGANIZATION, ASSOCIATION, SOCIETY OR CORPORATION SHALL FURNISH ALL ITS
MEMBERS, AGENTS OR REPRESENTATIVES CONDUCTING SOLICITATION OR SALES WITH
CREDENTIALS IN WRITING STATING THE NAME OF THE ORGANIZATION NAME OF THE
AGENT AND THE DURATION AND PURPOSE OF SOLICITATION. ALL PERSONS OR
ORGANIZATIONS QUALIFYING FOR A LICENSE EXEMPTION UNDER PART A SHALL COMPLY
WITH ALL OTHER PROVISIONS OF ORD. NO. 17-1991, VENDORS, ETC..

I hereby certify that the statements presented above are true.

SIGNATURE OF APPLICANT: _____ DATE: _____

TELEPHONE # _____

PART B. SPECIAL EXEMPTION

THE TOWNSHIP COMMITTEE, BY RESOLUTION, MAY EXEMPT ANY PERSON OR ORGANIZATION FROM COMPLIANCE WITH ANY PART OR PARTS OF ORDINANCE NO. 17-1991, VENDORS, ETC.. ANY PERSON OR ORGANIZATION SEEKING AN EXEMPTION MUST MAKE A WRITTEN REQUEST TO THE TOWNSHIP CLERK AT LEAST THIRTY (30) DAYS BEFORE THE START OF THE ACTIVITY FOR WHICH THE EXEMPTION IS SOUGHT. THE TOWNSHIP COMMITTEE MAY PLACE CONDITIONS OR RESTRICTIONS ON THE GRANTING OF AN EXEMPTION.

STATE REASON (S) FOR EXEMPTION REQUEST: _____

APPLICANT'S SIGNATURE: _____ DATE: _____

PHONE#: _____

EXEMPTION APPROVED OR DENIED BY TOWNSHIP COMMITTEE

APPROVED: _____ DENIED: _____

DATE: _____

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