

TOWN OF KEARNY
CANVASSING/PEDDLERS LICENSE APPLICATION

DATE: _____

TO: Town Clerk
402 Kearny Avenue
Kearny, New Jersey 07032

TO THE HONORABLE MAYOR AND COUNCIL, KEARNY, NEW JERSEY

Dear Sir/Madam:

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

_____ in the Town of Kearny in accordance with the Ordinance governing Licensing and Business Regulations in the Town of Kearny section 5-2. **SUNDAY SALES PROHIBITED**

(Name)

(Location/Streets)

(Address)

(Dates)

(City, State)

(Hours)

License Fee

Canvass	\$ 20.00
Peddler	\$ 50.00
Lunch Truck	\$ 50.00
Ice Cream Truck	\$100.00

Quantity

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 _____
Board of Health _____
Police _____

Date: _____

Date: _____

Date: _____

Application Denied: _____

Date: _____

Application Granted: _____

Date: _____

Town Seal

Without seal application has not been approved.

TOWN OF KEARNY POLICE DEPARTMENT
APPLICATION FOR PERMIT TO CANVASS OR PEDDLE

NAME _____

ADDRESS _____

CITY, STATE _____

TELEPHONE NUMBER _____

DRIVERS LICENSE # _____ STATE _____

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

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

LENGTH RESIDING AT ABOVE ADDRESS _____

PREVIOUS ADDRESS _____ LENGTH OF TIME _____

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 _____

PRINT NAME (applicant)

SIGNATURE (applicant)

DATE

For internal use only:

Investigated by: _____ Y _____

Date: _____ N _____