APPLICATION FOR PEDDLERS & HAWKERS

PLEASE CHECK TYPE OF LICENSE
****Please fill out ENTIRE application****

NEW ☐

RENEWAL ☐

YEAR _____

PAID_____

Fingerprinting/background check by the Sayreville Police Dept. required as well as copy of Driver's License and Vehicle Registration

☐ P-1 Food/Beverage Mobile	$125.00
☐ P-2 Food/Beverage-Site Specific *(Only available to current license holders)*	$100.00
☐ P-3 Bait & Tackle *(River Rd. Park ONLY- Limit of 2 licenses)*	$125.00
☐ P-4 Food/Beverage Peddler *(River Rd. Park ONLY- Limit of 1 license)*	$125.00
☐ Special Event Permit	$ 35.00
Each Additional Cart	$ 15.00
* *Late Fees* – 30 days add'l $50 60 days add'l $100 90 days add'l $200 (Fee Ordinance #69-08)	

P-1, P-2, P-3 & P-4 LICENSES ARE ISSUED AND USED BY THE INDIVIDUAL ONLY. THIS LICENSE IS NOT TO BE USED BY ANY OTHER INDIVIDUAL.

NAME _____TELEPHONE #_____

ADDRESS: _____
(Street) (City & State) (Zip)

HOW LONG HAVE YOU BEEN AT THIS ADDRESS_____

IF LESS THAN 3 YEARS, PREVIOUS ADDRESS_____

SOCIAL SECURITY #_____

UNDER WHAT NAME WILL YOU BE OPERATING?_____

IF APPLICANT IS A CORPORATION, PLEASE GIVE NAME AND ADDRESS OF ITS REGISTERED AGENT

_____

NAME, DATE & LOCATION OF SPECIAL EVENT ***(If applying for special event permit)*:**

_____

FIXED LOCATION _____
(*IF A P-2, P-3, P-4 LICENSE IS HELD*)

DESCRIPTION OF THE FOOD ITEMS TO BE OFFERED FOR SALE

_____

OVER

DAYS OF OPERATION

☐ MONDAY ☐ TUESDAY ☐ WEDNESDAY ☐ THURSDAY ☐ FRIDAY ☐ SATURDAY ☐ SUNDAY

HOURS OF OPERATION_____
(SEE ORDINANCE 8-2.8 FOR TIME RESTIRCTIONS)

DESCRIPTION OF VEHICLE USED:_____
YEAR MAKE MODEL PLATE #

COPY OF DRIVER'S LICENSE_____ COPY OF REGISTRATION_____ **(MUST BE ATTACHED)**

VETERAN'S LICENSE INFORMATION_____
(IF HELD) DATE NUMBER PLACE

HAVE YOU EVER BEEN CONVICTED OF A CRIME OR VIOLATION OF ANY BOROUGH ORDINANCES OTHER THAN TRAFFIC OFFENSES ☐ YES ☐ NO

IF YES, STATE DATE AND PLACE OF CONVICTION, THE NATURE OF OFFENSE AND PENALTY IMPOSED

_____

LIST THREE REFERENCES AS TO GOOD CHARACTER RESPONSIBILITY

1.) _____
NAME ADDRESS

2.) _____
NAME ADDRESS

3.) _____
NAME ADDRESS

CERTIFICATION AND WARNING

"By signing below, I certify under penalty of law that all statements and information provided in this application are true, accurate, and complete. I understand that knowingly making a false statement on this form is a criminal offense under N.J.S.A. 2C:28-3 and 2C:28-7, which may result in the immediate denial or revocation of this license, heavy fines, and imprisonment."

Applicant Signature: _____ Date: _____

Printed Name: _____

Return Completed Application to:
Municipal Clerk's Office
167 Main Street
Sayreville, NJ 08872
732-390-7020
clerks@sayreville.com

License Issued: _____

Date Issued: _____

Amount Paid: _____