MAYOR ALEX ROMAN DEPUTY MAYOR CHRISTINE MCGRATH COUNCILMEMBERS JACK McEvoy CYNTHIA L. M. HOLLAND CHRISTOPHER H. TAMBURRO

VERONA COMMUNITY CENTER 880 BLOOMFIELD AVENUE VERONA, NEW JERSEY 07044

TOWNSHIP OF VERONA COUNTY OF ESSEX, NEW JERSEY



MUNICIPAL BUILDING 600 BLOOMFIELD AVENUE VERONA, NEW JERSEY 07044

> (973) 239-3220 www.VeronaNJ.org

TOWNSHIP MANAGER JOSEPH O. D'ARCO TOWNSHIP CLERK JENNIFER KIERNAN TOWNSHIP ATTORNEY BRIAN J. ALOIA, ESQ.

DEPARTMENT OF PUBLIC WORKS 10 COMMERCE COURT VERONA, NEW JERSEY 07044

OFFICE OF THE MUNICIPAL CLERK

PEDDLER/SOLICITOR LICENSE APPLICATION

□ \$50.00 Application Fee (for 90 day license) □ 2 – 2x2" Passport Photos Included									
APPLICANT INFORMATION									
Name of applicant:									
Date of birth:	Phone:								
Social Security Number: Place of Birth:									
Driver's License #: State Issued:									
Has your driver's license ever been suspended in any State? YES NO									
If YES, explain: (use additional pages if needed)									
Have you ever been arrested or charged with an offense?									
If YES, explain: (use additional pages if needed)									
BUSINESS INFORMATION									
Name of Business:									
Business Address: Street:									
City:	State: Zip:								
Business Description:									
Stock supplier:	Street:								
City:	State: Zip:								
Description of wares to be offered:									
Current residence: Street:									
City:	State: Zip:								
HOME ADDRESSES OF APPLICANT FOR THE PRECEDING THREE (3) YEARS:									
Years Occupied: Street:									
City:	State: Zip:								
Years Occupied: Street:									
City:	State: Zip:								
Years Occupied: Street:									
City:	State: Zip:								
I									

PEDDLER/SOLICITOR LICENSE APPLICATION

		VEHICLE IN	IFORMA [*]	TION			
Make:			Model:				
Year:			Color:				
VIN:			State L	icens	se Plate #		
TH	REE BU	USINESS or PERSONAL REFER	RENCES	(not	includin	g curre	ent employer)
Name:	•				Phone:		
Addre	ss:				Į.		
City	7:		State:	State: Zip:			
Relation	onship:		Years a	Years acquainted:			
Name:	·				Phone:		
Addre	ss:			<u> </u>			
City	**		State:			Zip:	
Relation	onship:		Years a	Years acquainted:			
Name:	•				Phone:		
Addre	ss:			[l		
City	·:		State:			Zip:	
Relation	onship:		Years acquainted:			<u> </u>	
1. I hereby acknowledge that the provisions of the Township of Verona Peddler/Solicitor Ordinance are understood and that, if I violate any of the provisions, I am subject to appropriate penalties and/or license revocation. 2. I hereby certify that all the above information and statements made are true. I am aware that if any of the statements or information are wrongfully represented, I am subject to appropriate penalties and/or license revocation. (signature of applicant) (date)							
I, person (Police E record o connect	or institu Departme or otherv	AY CONCERN: Ition with whom I have been associated with any information concerning wise, and I do hereby release the indewith from any or all actions, suits, cleh information.	ted, to furn my ability a ividual, coi	nish th and c mpan	ne Detecti haracter v ıy, or instit	ve Burea which the ution an	ey have on nd all individuals
	(signat	ture of applicant)				(date))