

For Agency use
only

AFFIX
PHOTO
HERE

**APPLICATION FOR PEDDLERS LICENSE
TOWNSHIP OF HILLSBOROUGH
379 SOUTH BRANCH ROAD
HILLSBOROUGH, NJ 08844
908-369-4313**

For Agency Use Only:

NO. _____

DATE
ISSUED: _____

**ANY FALSE INFORMATION PROVIDED ON THIS APPLICATION MAY BE CAUSE FOR
THE APPLICATION TO BE DENIED OR REVOKED**

A. Name of Applicant: _____

Description: Age _____ Weight _____ Height _____ Hair Color _____ Eye Color _____ Sex _____

Place of Birth: _____ Date of Birth: _____

Social Security # _____ Driver License # and State Issued: _____

B. Permanent Home Address: _____

Telephone # _____

Local Address if different from permanent address: _____

Name, Address and Telephone Number of Nearest Relative: _____

C. Description of merchandise or services to be sold or nature of business: _____

D. Name of Employer: _____ Phone # _____

Address: _____

E. Period License Desired: _____

F. Description of Vehicle to be used:

Make: _____ Year: _____ Model _____ License No.: _____

Additional Vehicles to be used (include make, model, and year): _____

Driver's license and state of issuance of all other drivers of these vehicles: _____

G. Manufacturer of articles to be sold: _____

Will delivery be made from car: Yes _____ No _____

If no, then how will merchandise be delivered? _____

H. Photographs (3): Showing head & shoulders, taken within 60 days. Must be 2" X 2". Do not attach permanently.

I. Two business references located in Somerset County:

Name _____ Address _____ Phone Number _____

Name _____ Address _____ Phone Number _____

J. Have you ever been convicted of a crime, misdemeanor or violation of any Municipal Ordinance? Yes ___ No ___

If answer in the affirmative, state briefly nature of offense and penalties imposed.

Sworn to before me:

Signature of Applicant

Date _____

Applicant please note:

1. Each person soliciting must have a valid permit.
2. Anyone operating a motor vehicle must have a valid driver's license.
3. A separate peddler's license is required for additional products.
4. Please allow six to eight weeks for processing of this application.
5. Unless otherwise requested, the peddler's license will be mailed to your permanent address.

Notary Public (Affix Seal and Expiration date of Notary)

**HILLSBOROUGH TOWNSHIP POLICE DEPARTMENT
RELEASE INFORMATION**

I, _____, am making application for a Peddler's/Raffle/Carnival license. As a result, an investigation is being conducted to determine my eligibility. I do hereby authorize a review and full disclosure of all records and information concerning myself, whether the said records or information is of a public, private, or confidential nature.

I also authorize and request every person, firm, company, corporation, governmental agency, court, association or institution having control of any documents, records, and other information pertaining to me, to furnish to the said Municipality, County Prosecutor's Office and/or Department of Law and Public Safety any such information, formal or informal, pending or closed, or any other pertinent data, and to permit the said Municipality, County Prosecutor's Office and/or Department of Public Safety or their representatives to inspect and make copies of such documents, records, and other information.

I hereby release, discharge, and exonerate the said Municipality, County Prosecutor's Office and the Department of Law and Public Safety, their representatives and any other person so furnishing information from any and all liability of every nature and kind arising out of the furnishing, inspection or collecting of such documents, records, and any other information or the investigation made by the said Municipality, the County Prosecutor's Office and/or the Department of Law and Public Safety.

A photocopy of this authorization and release form will be as valid as an original thereof, even though the said photocopy does not contain an original writing of my signature.

I have read and fully understand the contents of the "Authorization and Release".

Full Name

Signature (include maiden name)

Address _____

Phone Number _____

Date of Birth _____

Social Security Number _____

Driver's License Number _____