



# The City of Estell Manor

148 Cumberland Avenue, Estell Manor, NJ 08319  
Phone 609-476-2692 Fax 609-476-4588 [www.stellmanor.org](http://www.stellmanor.org)

## Peddlers, Hawkers & Vendors License Application

This application for Peddlers, Hawkers and Vendors license is made pursuant to the applicable laws of the State of New Jersey and the Revised General Ordinances of the City of Estell Manor. PLEASE ANSWER ALL QUESTIONS.

1. DATE OF APPLICATION: \_\_\_\_\_

2. NAME OF APPLICANT: \_\_\_\_\_

3. BUSINESS NAME: \_\_\_\_\_

4. BUSINESS ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_ PHONE: \_\_\_\_\_

5. APPLICANT IS: ( ) SOLE PROPRIETOR ( ) PARTNERSHIP ( ) CORPORATION

6. HAS ANY APPLICANT BEEN CONVICTED OF A CRIME? (CHECK ONE) ( ) YES ( ) NO

If "YES" give nature of crimes, dates of crimes, jurisdiction and determination:

\_\_\_\_\_  
\_\_\_\_\_

7. BUSINESS REFERENCES:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

8. PURPOSE FOR LICENSE: \_\_\_\_\_

9. DESCRIPTION OF GOODS TO BE SOLD: \_\_\_\_\_

\_\_\_\_\_

10. DATES & HOURS OF OPERATIONS: DATES: \_\_\_\_\_

HOURS: \_\_\_\_\_

11. WILL VEHICLE(S) BE USED? YES: \_\_\_\_\_ NO: \_\_\_\_\_

List the make, model, year, color, and NJMVC license plate no. of each vehicle covered by this application:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

NOTE: UNDER THIS LICENSE YOU ARE AUTHORIZED TO GO DOOR-TO-DOOR.  
YOU ARE NOT AUTHORIZED TO OPERATE IN A FIXED LOCATION.

THE ISSUED LICENSE MUST BE PROMINENTLY DISPLAYED AND SHOWN AT ALL TIMES.

PROVIDE A COPY OF LIABILITY INSURANCE ALONG WITH THIS APPLICATION.

FEE SCHEDULE: \$25.00 per year

NOTE: The Applicant is responsible for being familiar with the provisions of Chapter 4, of the City Code. If during the term of any license granted there under, there is any change in the information provided herein, the Applicant must notify the City Clerk's Office within 24 hours after such change.

I CERTIFY THAT ALL THE FOREGOING INFORMATION PROVIDED IN THIS APPLICATION IS TRUE, COMPLETE AND ACCURATE. I AM AWARE THAT IF ANY OF THE FOREGOING STATEMENTS MADE BY ME ARE WILLFULLY FALSE, I AM SUBJECT TO PUNISHMENT ACCORDING TO LAW AND REVOCATION OF ALL LICENSES ISSUED BY THE TOWNSHIP OF FREEHOLD.

FURTHER, I CONSENT TO AND APPROVE OF ANY AND ALL INVESTIGATIONS INTO MY BACKGROUND AND THE BACKGROUNDS OF ALL PARTIES LISTED HEREIN, DEEMED NECESSARY FOR THE PROTECTION OF THE CITIZENS OF THIS TOWNSHIP AND TO ESTABLISH THE INTEGRITY OF THE PERSONS LISTED HEREIN.

DATE: \_\_\_\_\_

SIGNATURE OF APPLICANT: \_\_\_\_\_

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FEE PAID: \$ \_\_\_\_\_

SIGNATURE OF CITY CLERK: \_\_\_\_\_