<u>Application for Registration Certificate</u>

1) Type of certificate:(Check One) Peo	ddler Solicit	or Transi	ent Merchant	
2) Full Legal Name:				
3) Full Home Address:				
4) Phone Number:	Type of	# (Circle): Cell	Home	
5) E-mail Address:				
6) Date of Birth: Place of	Birth:	Citizens	hip:	
7) Sex: Race: Height:	Weight:	Eye Color:	_ Hair Color:	
8) Driver's License Number:	se Number: State Issued:			
9) Full Time Employer:				
10) Employers full Address:				
11) Nature of Business in Relation to Co	ertificate Requested:			
12) Description of Merchandise or Serv	ice to be Provided: _			
				
13) Length of Time Certificate is Desired	d:			
14) Exact location of sale of Merchandi	se:			
(Written Approval from property ow				
15) Name of your company or business				
16) Full Address of your company or bu				
17) Vehicle Information: (If applicable)				
Make: Model: _		/ear:	_Color:	
License Plate Number:	State of Lice	nse Plate:		

Reference Information

Give three (3) references located in the County of Somerset, State of New Jersey, or in lieu thereof such other available evidence of character and business responsibility:

1) Reference Full Name:			
Full Mailing Address:			
E-mail Address:	P	hone Number:	
2) Reference Full Name:			
Full Mailing Address:			
E-mail Address:	P	hone Number:	
3) Reference Full Name:			
Full Mailing Address:			
	dress: Phone Number:		
	<u>Criminal Histor</u>	<u>TY</u>	
List all convic	ctions for violations of crim	ninal or disorderly laws:	
all other applicable township and sta	ate ordinances, status and		
**********	*********	*************	
	Department Revie	<u>ew</u>	
		Permit #:	
Approved Denied	d	Date Issued:	
		Date Valid:	
Chief's Review:	Date:	Date Expires:	
		Fee Paid:	