

**BOROUGH OF PAULSBORO**

**APPLICATION FOR PEDDLERS' OR SOLICITORS' LICENSE**

(\$25.00 Application fee to be paid at the time application is filed)

PLEASE PRINT OR WRITE PLAINLY.

Name of applicant: \_\_\_\_\_

Address of applicant: \_\_\_\_\_  
\_\_\_\_\_

If living at the above address for less than three (3) years, please provide former addresses for the past three (3) years on a separate sheet of paper.

Telephone Number: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Driver's Lic. No. \_\_\_\_\_

**Applicant Information:**

Age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair: \_\_\_\_\_ Eyes: \_\_\_\_\_ Sex: \_\_\_\_\_

Organization/Company Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Description and nature of business and goods, services, or wares to be sold or distributed:

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

Location where goods/services originate (Names and addresses): \_\_\_\_\_  
\_\_\_\_\_

If vehicle is used: Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_ Color: \_\_\_\_\_

Owner of Vehicle: \_\_\_\_\_ License Plate: \_\_\_\_\_  
State: \_\_\_\_\_

PLEASE ATTACH A LIST OF NAMES, DATES OF BIRTH, SOCIAL SECURITY NUMBERS AND TELEPHONE NUMBERS OF ALL PERSONS OPERATING AND VENDING OF MERCHANDISE.

Non-Motorized vending cart: \_\_\_\_\_ Serial #: \_\_\_\_\_

Maximum Width: \_\_\_\_\_ Maximum Length \_\_\_\_\_

Maximum Height with umbrella/awning: \_\_\_\_\_ Without Umbrella/awning \_\_\_\_\_

If food is involved: Sanitary License #: \_\_\_\_\_

Inspected by: \_\_\_\_\_

New Jersey State Sales Tax Certificate #: \_\_\_\_\_

Place where merchandise or services are to be sold: \_\_\_\_\_

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Are orders to be solicited and taken for future delivery of goods or performance of services: \_\_\_\_\_.

Has the applicant had a previous license by the Borough of Paulsboro or any other municipality: \_\_\_\_\_. If yes, please list: \_\_\_\_\_

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Has the applicant ever been revoked by this or any other municipality: \_\_\_\_\_

Please list where revoked, date of revocation and the reason revoked: \_\_\_\_\_

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Business References in Gloucester County, State of New Jersey (If none - list other references): \_\_\_\_\_

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Has applicant ever been convicted of any crime? \_\_\_\_\_ Disorderly Persons Offense? \_\_\_\_\_ Violation of any municipal ordinance? \_\_\_\_\_ Please describe, if any are answered yes: \_\_\_\_\_

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Punishment: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE – FOR BOROUGH USE ONLY**

**REPORT OF INVESTIGATION:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Signature of Investigating Officer:** \_\_\_\_\_

**LICENSE GRANTED:** \_\_\_\_\_ **LICENSE DENIED:** \_\_\_\_\_

**LICENSE NO.:** \_\_\_\_\_ **LICENSE REVOKED:** \_\_\_\_\_

**REASON:** \_\_\_\_\_  
\_\_\_\_\_

**Municipal Clerk's Signature:** \_\_\_\_\_

**FEES PAID:**

**APPLICATION FEE:** \_\_\_\_\_

**LICENSE FEE:** \_\_\_\_\_