

BOROUGH OF PAULSBORO

APPLICATION FOR SEASONAL SALES VENDORS' LICENSE

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

PLEASE PRINT OR WRITE PLAINLY.

Organization/Company Name: _____

Address of
Organization/Company: _____

Telephone Number: _____

Individual Applicant Information:

Age: _____ Height: _____ Weight: _____ Hair: _____ Eyes: _____ Sex: _____

Individuals Name: _____

Address: _____

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. _____

(Each individual to be employed by and engaged in the seasonal sales activity must complete an application.)

Block and lot location of the property to be utilized: _____
(Must submit property survey.)

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

Length of Seasonal Sales Activity: Christmas _____ Easter _____ Mother's Day _____
Valentine's Day _____

Location of and quantities of merchandise to be stored and displayed: _____

Location of on-site parking/off-site parking: _____

Location of curb cut access to indicate proper ingress and egress: _____

A statement as to how the site shall be maintained (i.e. trash, refuse disposal): _____

Location of temporary signs in accordance with the Land Development and Use Code.

Must have certification from Borough of Paulsboro Tax Collector that all taxes have
been paid on the subject lot and are current.

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

If food is involved: Sanitary License #: _____

Inspected by: _____

New Jersey State Sales Tax Certificate#: _____

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

Has the applicant ever been revoked by this or any other municipality: _____

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

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

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

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: _____