

CLERK'S OFFICE  
475 VALLEY ROAD  
WAYNE, NJ 07470

<b>YEAR</b> _____  NEW _____ or RENEWAL _____
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**APPLICATION - PEDDLER & HAWKER LICENSE**

*TO AVOID A DELAY IN THE ISSUANCE OF YOUR LICENSE, PLEASE COMPLETE APPLICATION IN IT'S ENTIRETY  
(Please make checks payable to Township of Wayne & submit with application to the Township Clerk's Office)*  
**Please circle one:**

**NAME** of CORPORATION, PARTNERSHIP, LLC, or INDIVIDUAL: \_\_\_\_\_

**ADDRESS (office):** \_\_\_\_\_ **TEL.#** \_\_\_\_\_

**MAILING ADDRESS:** \_\_\_\_\_

**TRADE NAME:** \_\_\_\_\_

**LOCATION:** \_\_\_\_\_ **TEL. #** \_\_\_\_\_

**FAX #** \_\_\_\_\_ **EMAIL ADDRESS:** \_\_\_\_\_

**If Corporation or LLC, please give Contact Name & Emergency Telephone Number:**

\_\_\_\_\_

**Please circle one:**

**PARTNERSHIP, LLC or INDIVIDUAL, LIST NAME, ADDRESS & PHONE NO. OF EACH MEMBER:**

<u>NAME</u>	<u>HOME ADDRESS</u>	<u>HOME PHONE NO.</u>
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1. \_\_\_\_\_

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

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

**IF APPLICANT IS INCORPORATED, STATE WHERE:** \_\_\_\_\_  
(STATE)

	<u>NAME</u>	<u>HOME ADDRESS</u>	<u>HOME PHONE NO.</u>
PRESIDENT	_____	_____	_____
SECRETARY	_____	_____	_____

**Registered Agent or person upon whom service of process is authorized to be made:**

Name: \_\_\_\_\_

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

Telephone Number: \_\_\_\_\_

HAS APPLICANT EVER BEEN CONVICTED OF A CRIME? \_\_\_\_\_

IN WHAT COURT WAS CONVICTION: \_\_\_\_\_

DESCRIPTION OF VEHICLE TO BE USED: \_\_\_\_\_

\_\_\_\_\_

REGISTRATION & PLATE NO. OF VEHICLE: \_\_\_\_\_

\_\_\_\_\_

**KIND OF MERCHANDISE TO BE PEDDLED:** \_\_\_\_\_

\_\_\_\_\_

**TYPE, DATE, & PLACE OF EVENT:** \_\_\_\_\_

\_\_\_\_\_

**ARE YOU A VETERAN?** \_\_\_\_\_

**COPY OF CERTIFICATE OF SALES TAX AUTHORITY:** \_\_\_\_\_

PLEASE NOTE: REGULATIONS ONLY PERMIT SALES WHILE IN TRANSIT. ADVERTISING BY PAMPHLETS, FLYERS, OR SIGNS IS PROHIBITED

**EXPIRATION DATE: DECEMBER 31<sup>ST</sup> OF EACH YEAR**

**FEE IS \$25.00 (Non-Refundable) UNLESS YOU ARE A VETERAN. PLEASE ATTACH PROOF OF VETERAN STATUS.**

\_\_\_\_\_  
*Applicant's Signature*

\_\_\_\_\_  
*Date*

**FOR OFFICE USE ONLY:** FEE: \_\_\_\_\_ DATE: \_\_\_\_\_ HEALTH DEPT: \_\_\_\_\_ POLICE DEPT: \_\_\_\_\_  
COUNCIL: \_\_\_\_\_