

PEDDLING, SOLICITOR OR CANVASSER LICENSE REQUIREMENTS:

1. Vending License Fee (non-food): \$25.00

*(**VETERAN'S EXEMPT:** If you are a Veteran, you must show your Veteran's ID Selling Card.)*

2. You must post a Surety Bond provided by your insurance company in the amount of \$1,000.00 payable to the "Township of Brick". **(VETERAN'S EXEMPT)**

3. You must be fingerprinted by Morphotrak.

(Fingerprint application forms are obtained at the Twp. Clerk's Office. Please call to confirm we have received your fingerprint results at 732-262-1001.)

Applicant must drop off or fax (732-262-1242) copy of fingerprint receipt to Police ID Bureau .

4. We need three (3) recent photographs (2"x2"). *(Available at CVS/Walgreens/Rite Aid, etc.)*

5. Applicants must provide 2 personal character reference letters and 1 business character reference letter. Letters must include: name, address, phone number and original signature.

6. Vendor Non-Food Tourism Application Form & Fee: \$10.00

*(If paying by check, must be a **separate** check made out to the "Township of Brick".)*

7. Trucks may not remain stationary on State or County Highways; private property requires property owner's permission with a diagram detailing the location of the activity.

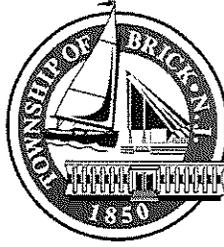
TOWNSHIP OF BRICK

OCEAN COUNTY, NEW JERSEY
401 CHAMBERS BRIDGE ROAD, BRICK, N.J. 08723

John G. Ducey, Mayor

Township Council:

Paul Mummolo - President
Marianna Pontoriero - Vice President
Lisa Crate
Heather deJong
Jim Fozman
Arthur Halloran
Andrea Zapcic



Office of the Municipal Clerk

Lynnette A. Iannarone, RMC, CMR
Municipal Clerk
(732) 262-1002
Fax: (732) 262-2839
clerk@twp.brick.nj.us

Jessica L. Larney, RMC, CMR
Assistant Municipal Clerk
(732) 262-1003
jlarney@twp.brick.nj.us
www.twp.brick.nj.us

Peddling & Hawker Application

License Number: _____

Date Issued: _____

PLEASE TYPE OR PRINT NEATLY:

1. Name of Applicant: _____
Date of Birth: _____ Height: _____ Weight: _____
Hair Color: _____ Eye Color: _____
2. Name of Business: _____
3. List Members of Corporation, if applicable: _____
4. Name(s) of any Partners: _____
5. Permanent Home Address: _____
6. Local Home Address, if different: _____
7. Telephone: Home: _____ Cell: _____
8. How long has the Applicant resided in New Jersey?: _____
9. Description of the Nature of the Business and the Goods, Services, or Wares to Be sold:

10. Block & Lot of Location of Business (Class II Applicants): _____
11. Zone of Location (**Circle 1**): Business / Commercial / Industrial or Office-Professional.
12. If Employed, Name of Employer: _____
Address: _____ Telephone: _____
Relationship with Employer: _____
13. Length of Time for which you desire to do business: _____
14. Days & Hours of Operation: _____
15. Source of Supply of Goods to be sold: _____
16. Location of Products: _____
17. Method of delivery: _____
18. State whether or not the applicant has been convicted of a crime, misdemeanor, or violation of any municipal ordinance other than traffic violations: (If convicted, please explain.)

19. Description of Vehicle being used: _____

Applicant agrees to comply with Chapter 324 and all other chapters of the Township Code, and all county, state and federal laws.

Signature of Applicant Date

License Fee: \$25.00

Signature of Partner Date