

**TOWNSHIP OF CHESTERFIELD
295 BORDENTOWN-CHESTERFIELD ROAD
CHESTERFIELD, NJ 08515
(609) 298-2311**

Chesterfield Twp. Use Only

Date Application Received _____

Amount _____

Check No./Cash _____

Control No. _____

Year Fingerprinted _____

PEDDLER'S/SOLICITOR'S/VENDOR'S PERMIT APPLICATION

_____ **FEE: \$200.00**
_____ **NON-PROFIT: No Charge**

BUSINESS INFORMATION:

Name of business: _____

Address at which business is operated: _____

_____ Telephone: _____

Nature of business: _____

Description of services or wares to be sold or purchased: _____

Method of delivery: _____

APPLICANT INFORMATION

(If more than one applicant, use Additional Applicant page. Can be reproduced.)

Name of Applicant: _____

Home Address: _____

_____ Telephone: _____

Driver's License#: _____ S.S.#: _____

Description: Height: _____ Weight: _____ Eyes: _____

D.O.B.: _____ Hair: _____

Description of Vehicle to be used for sales: Year: _____ Make: _____

Model: _____ Color: _____ License Plate #: _____

Length of time requested or permit: (# of days, days of week and hours) _____

Have you ever been convicted of a crime other than a motor vehicle violation? _____ Yes _____ No

If yes, please explain: _____

Name last three (3) municipalities in which you operated:

(1) _____

(2) _____

(3) _____

Proof of false information on this application will revoke the license immediately. Signing this application attests that the applicant has made themselves aware of all codes, statutes, and restrictions applicable and agrees to comply with the same.

Applicant's Signature: _____ Date: _____

PLEASE RETURN:

- Completed Application**
- Finger printing results**
- Copy of Current Driver's License**
- Two (2) front view photographs, 2 inches square in size**
- Appropriate Fee. Checks payable to: Chesterfield Township**
- If the license application is for the sale of food products, the applicant is required to present an inspection report issued by the Burlington County Health Department.**

<u>Chesterfield Township Chief of Police:</u>	
Approved _____	Rejected _____
Reason for Rejection _____	
Date _____	