



**Borough of Lavallette - Police Department
1306 Grand Central, Lavallette, NJ 08735**



Application for Vendor License

Please print all Information:

Date: _____ SS#: _____

Telephone #: _____

Name: _____

Address: _____
Number Street City State Zip

Number of years at this address: _____ If less than 3 years, supply previous address

Address: _____
Number Street City State Zip

US Citizen: Yes No Date of Birth: _____ Male Female

Driver's License Number: _____ State: _____

Have you been convicted of a crime within the past ten (10) years? Yes No
If yes, explain in detail:

Name and address of the owner of the vehicle as registered with the NJ Division of Motor Vehicles.

Name: _____ Tel #: _____

Address: _____
Number Street City State Zip

Description of said vehicle to be licensed:

Make of Vehicle: _____ Year: _____

License Plate #: _____ Vin #: _____

Markings on Vehicle: _____
(company name, etc)

Are you the owner of the vehicle? YES NO
Are you the operator of the vehicle? YES NO

Three Business References:

Name: _____

Address: _____
Number Street City State Zip

Name: _____

Address: _____
Number Street City State Zip

Name: _____

Address: _____
Number Street City State Zip

Is the applicant the holder of a Veteran's License (NJS 45:24-9) YES NO
If yes, Attach a photo copy of said License.

Person to be notified in case of an emergency:

Name: _____ Phone # _____

Address: _____
Number Street City State Zip

Does any person, firm or corporation, other than the applicant have any interest whatsoever in the vehicle sought to be licensed to engage in the business defined herein
YES NO

If yes:

Name: _____

Address: _____
Number Street City State Zip

Type of Products to be sold: _____

Suppliers for vended items:

Name: _____

Address: _____
Number Street City State Zip

If additional space is needed, use the back of this page.

I hereby certify that I have read and am familiar with the vending code of the Borough of Lavallette. I have carefully completed this application, will sign and verify it and pay the prescribed licensing fee to the Municipal Clerk at such time that the application is filed.

Date

Signature

Approve by the Lavallette Police Department and submitted to the Municipal Clerk.

Date

Signature of Chief of Police

Approved by the Administration Office, Borough of Lavallette upon payment of licensing fee of
\$_____.

Date

Signature of Municipal Clerk

Completed copy of Application filed with the Police Department.

Date

Signature of Issuing Authority

PAPER WORK TO ACCOMPANY APPLICATION

1. COMPLETED APPLICATION
2. 2 FORMS OF ID (ONE MUST BE A PHOTO ID)
3. DRIVER'S LICENSE
4. VEHICLE REGISTRATION
5. INSURANCE CARD
6. VETERAN ID (IF APPLICABLE)
7. OCEAN COUNTY BOARD OF HEALTH CERTIFICATE
8. TAX CERTIFICATE

Applications will be accepted between January 1 and March 31

Fingerprints (required every 2 years) - A form **will be provided to EACH individual** to take to Morphotrust for fingerprinting. These forms are **NOT** to be duplicated.

Background Check – Online Form 212A (required every 2 years)

Mail Application to:
Lavallette Police Department
1306 Grand Central Avenue
Lavallette, NJ 08735
Attention: Records