

Please Print or Type Application

TRANSIENT MERCHANT LICENSE APPLICATION

1. Name _____ Date of Birth _____
2. Home Address _____
(Street)

(City) (State) (Zip Code)
Telephone No. _____ Social Security #: _____
3. Driver's License Number and State _____
4. Has your driver's license ever been revoked or suspended?
Yes _____ No _____ If yes, list reason(s) _____

5. Have you ever been convicted of any crime? Yes _____ No _____
If yes, explain nature of the offense; place and date of conviction _____

6. Have you ever been arrested for a crime? Yes _____ No _____
If yes, explain the nature of the crime and offense; place and date of arrest _____

7. Have you ever been convicted of any traffic violation(s) during the previous five (5) year period? Yes _____ No _____
If yes, list the nature of the offense(s); place and date of conviction _____

8. Have you ever held a license in any other State other than New Jersey? If yes, what State and during what time _____

9. Have your driving privileges ever been suspended or revoked in any State? If yes, give dates and reason_____

10. Vehicle Information: Make/Model_____

Vin. Number_____

Year_____ License Plate Number and State_____

11. Insurance Information:

Name of Insurance Carrier_____

Address of Carrier_____

Telephone Number_____

Policy Number_____

Date_____

(Signature of Applicant)

\$200.00 Annual Fee Paid_____ () Check Number_____

() Cash

Date Approved:_____

NOTE: A \$30.00 money order made payable to the N.J.S.P./S.B.I. is required to be given to the Police Department for fingerprinting costs, plus \$10.00 to the Roselle Park Police Department. Please use extra pages to fill out this application completely if needed.