

**CANVASSING/PEDDLERS/TRANSIENT LICENSE APPLICATION**

TO: Borough Clerk  
110 E. Westfield Avenue  
Roselle Park, New Jersey 07204

TO THE HONORABLE MAYOR AND COUNCIL, BOROUGH OF ROSELLE PARK,  
NEW JERSEY

Dear Sir/Madam:

I herewith most respectfully make **application** for a license for:

\_\_\_\_\_ in the Borough of Roselle Park in accordance with the Ordinance governing Licensing and Business Regulations in the Borough of Roselle Park section 162.1

**SUNDAY SALES PROHIBITED**

\_\_\_\_\_  
(Name) (Location/Streets)

\_\_\_\_\_  
(Address) (Dates)

\_\_\_\_\_  
(City, State) (Hours)

<b><u>License Fee</u></b>		<b><u>Quantity</u></b>
Canvass	\$ 25.00	_____
Peddler	\$ 100.00	_____
Transient Merchant	\$ 200.00	_____

**Total Amount Due** \_\_\_\_\_

**(THIS FORM MUST BE SIGNED AND APPROVED BY THE BOROUGH CLERK PRIOR TO THE ISSUANCE OF A LICENSE.)**

**Approved By**

Borough Clerk	_____	Date: _____
Board of Health	_____	Date: _____
Police	_____	Date: _____

Application Denied:	_____	Date: _____
Application Granted:	_____	Date: _____

Borough Seal  
**Without seal application has not been approved.**

**BOROUGH OF ROSELLE PARK POLICE DEPARTMENT**  
**APPLICATION FOR PERMIT TO CANVASS/PEDDLE/TRANSIENT**

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_

DRIVERS LICENSE # \_\_\_\_\_ STATE \_\_\_\_\_

D.O.B. \_\_\_\_\_ PLACE OF BIRTH \_\_\_\_\_ CITIZEN \_\_\_\_\_

HT \_\_\_\_\_ WHT \_\_\_\_\_ HAIR \_\_\_\_\_ EYES \_\_\_\_\_ COMPLEXON \_\_\_\_\_ S/S# \_\_\_\_\_

LENGTH RESIDING AT ABOVE ADDRESS \_\_\_\_\_

PREVIOUS ADDRESS \_\_\_\_\_ LENGTH OF TIME \_\_\_\_\_

NEXT OF KIN \_\_\_\_\_ ADDRESS \_\_\_\_\_

HAVE YOU EVER BEEN ARRESTED \_\_\_\_\_

IF YES EXPLAIN \_\_\_\_\_

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PURPOSE OF PERMIT \_\_\_\_\_

**INDIVIDUAL** \_\_\_\_\_ **\*FIRM** \_\_\_\_\_ **\*CORPORATION** \_\_\_\_\_

NAME OF BUSINESS \_\_\_\_\_

PLACE OF BUSINESS \_\_\_\_\_

OFFICE PHONE NUMBER \_\_\_\_\_

**\*FIRM**  
MEMBER OF FIRM: \_\_\_\_\_ ADDRESS \_\_\_\_\_

MEMBER OF FIRM: \_\_\_\_\_ ADDRESS \_\_\_\_\_

MEMBER OF FIRM: \_\_\_\_\_ ADDRESS \_\_\_\_\_

MEMBER OF  
FIRM: \_\_\_\_\_ ADDRESS \_\_\_\_\_

**\*CORPORATION**  
PRINCIPAL OFFICERS

NAME: \_\_\_\_\_ ADDRESS \_\_\_\_\_

NAME: \_\_\_\_\_ ADDRESS \_\_\_\_\_

NAME: \_\_\_\_\_ ADDRESS \_\_\_\_\_

NAME: \_\_\_\_\_ ADDRESS \_\_\_\_\_

CURRENT EMPLOYER \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

\_\_\_\_\_  
PRINT NAME (applicant)

\_\_\_\_\_  
SIGNATURE (applicant)

\_\_\_\_\_  
DATE

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For internal use only:

Investigated by: \_\_\_\_\_ Y \_\_\_\_\_

Date: \_\_\_\_\_ N \_\_\_\_\_