



**TOWNSHIP OF HARRISON - COUNTY OF GLOUCESTER
856-478-4111**

APPLICATION FOR VENDOR'S PERMIT

DATE: _____ APPLICATION# : _____ PERMIT# : _____

Application should be completed in triplicate and filed with the Township Clerk at least thirty (30 days prior to the first day of the proposed activity. Print or type information except signature.

(1) APPLICANT'S FULL NAME (Individual) : _____

(2) S.S. #: _____ **(3) DRIVER'S LIC. #:** _____

(State Issued) : _____ **(4) FEDERAL TAXPAYER ID#:** _____

(5) ADDRESS (Permanent) : (Street) _____

(City) _____ **(State)** _____ **(Zip)** _____ **(Tel. #)** _____

(6) VETERAN : Yes _____ No _____ **(7) SELF EMPLOYED:** Yes _____ No _____

(8) IF NOT SELF-EMPLOYED, GIVE NAME AND ADDRESS OF EMPLOYER:

(Name) _____ **(Street)** _____

(City) _____ **(State)** _____ **(Zip)** _____ **(Tel. #)** _____

(9) HAVE YOU BEEN REFUSED OR HAD LICENSE REVOKED? Yes _____ No _____

(9a) WHERE? _____

(10) IF CONVICTED OF ANY CRIME (EXCEPT TRAFFIC OFFENSES) LIST DATE, PLACE, TYPE OF CRIME, AND SENTENCE: _____

(11) STATE TYPE OF MERCHANDISE OR SERVICE OFFERED: _____

(12) DATES AND HOURS OF VENDING : _____

PLEASE ATTACH/INDICATE THAT THE FOLLOWING HAVE BEEN COMPLIED WITH:

	YES	NO	N/A
AUTHORIZATION TO ACCEPT SERVICE OF PROCESS	___	___	___
REPRESENTATION LETTER FROM EMPLOYER	___	___	___
COPY OF CURRENT PHOTO DRIVER'S LICENSE	___	___	___
NEW JERSEY SALES TAX CERTIFICATE	___	___	___
PROOF OF INSURANCE	___	___	___
APPLICATION FEE OF \$50.00 PAID	___	___	___
PROOF OF ELIGIBILITY FOR EXEMPTION	___	___	___
FEDERAL TAXPAYER IDENTIFICATION NUMBER	___	___	___

APPLICANT'S SIGNATURE: _____ **DATE:** _____

AUTHORIZATION TO ACCEPT SERVICE OF PROCESS

KNOW ALL MEN BY THESE PRESENTS, that I (we) do hereby appoint the Harrison Township Municipal Clerk, County of Gloucester in the State of New Jersey and his/her successors in office, my (our) attorney-in-fact, upon whom may be served all process affecting or relating to any matter or activity described in this Application.

And I (we) do further agree that any process served upon the Municipal Clerk shall be of the same effect as if duly served upon me(us) within the State.

APPLICANT'S SIGNATURE _____ **DATE:** _____

APPLICATION/ APPROVED: YES ___ NO ___ DATE _____

IF NO, STATE REASON : _____

Chief of Police _____

Municipal Clerk _____

TOWNSHIP OF HARRISON - COUNTY OF GLOUCESTER

APPLICATION FOR EXEMPT STATUS

(Ord. No. 17-1991, Vendors, etc.)

APPLICATION # : _____

PERMIT #: _____

**PART A. EXEMPT PERSONS ORGANIZATIONS, ACTIVITIES - LICENSING EXEMPTION.
FILE WITH TOWNSHIP CLERK THIRTY (30) DAYS PRIOR TO START OF ACTIVITY.**

(1) NAME AND ADDRESS OF ORGANIZATION: _____

(2) NATURE AND LOCATION OF PLANNED ACTIVITY : _____

(3) PERIOD DURING WHICH SOLICITATION OR SALE IS TO BE CARRIED ON: _____

(4) NAME, ADDRESS AND SOCIAL SECURITY NUMBER OF EACH PERSON WHO WILL
CONDUCT SOLICITATION (if several, attach separate sheet to this application):

(5) ATTACH A RECENT PHOTOGRAPH OF ALL PERSONS, WHO ARE NOT TOWNSHIP
RESIDENTS, WHO WILL CONDUCT SOLICITATIONS OR SALES.

SUCH ORGANIZATION, ASSOCIATION, SOCIETY OR CORPORATION SHALL FURNISH ALL ITS
MEMBERS, AGENTS OR REPRESENTATIVES CONDUCTING SOLICITATION OR SALES WITH
CREDENTIALS IN WRITING STATING THE NAME OF THE ORGANIZATION NAME OF THE
AGENT AND THE DURATION AND PURPOSE OF SOLICITATION. ALL PERSONS OR
ORGANIZATIONS QUALIFYING FOR A LICENSE EXEMPTION UNDER PART A SHALL COMPLY
WITH ALL OTHER PROVISIONS OF ORD. NO. 17-1991, VENDORS, ETC..

I hereby certify that the statements presented above are true.

SIGNATURE OF APPLICANT: _____ DATE: _____

TELEPHONE # _____

PART B. SPECIAL EXEMPTION

THE TOWNSHIP COMMITTEE, BY RESOLUTION, MAY EXEMPT ANY PERSON OR ORGANIZATION FROM COMPLIANCE WITH ANY PART OR PARTS OF ORDINANCE NO. 17-1991, VENDORS, ETC.. ANY PERSON OR ORGANIZATION SEEKING AN EXEMPTION MUST MAKE A WRITTEN REQUEST TO THE TOWNSHIP CLERK AT LEAST THIRTY (30) DAYS BEFORE THE START OF THE ACTIVITY FOR WHICH THE EXEMPTION IS SOUGHT. THE TOWNSHIP COMMITTEE MAY PLACE CONDITIONS OR RESTRICTIONS ON THE GRANTING OF AN EXEMPTION.

STATE REASON (S) FOR EXEMPTION REQUEST: _____

APPLICANT'S SIGNATURE: _____ DATE: _____

PHONE#: _____

EXEMPTION APPROVED OR DENIED BY TOWNSHIP COMMITTEE

APPROVED: _____ DENIED: _____

DATE: _____

z:\forms\vendor