

Vendor's Application

Borough of Avalon
3100 Dune Drive
Avalon, NJ 08202
Phone (609) 967-5918
www.avalonboro.net

Check One:	Peddlers & Hawkers _____	Solicitors & Canvassers _____
	Yearly Fee \$750.	Yearly Fee \$150.
	One Day Fee \$100.	
	Each Add'l Vehicle \$150.	
	Veterans & Non-Prof. N/C	

Veterans MUST submit veteran's card from the county. Religious and non-profit organizations must attach a copy of exempt organization form from the Internal Revenue Service.

Name of Applicant _____

Business Address _____

Home Address _____

Unlisted Phone _____ Listed Phone _____

Date of Birth _____ Age _____ Social Security No. _____

Name of Police Department or State Police, which have jurisdiction over applicant's permanent residence, if not local.

Have you been convicted of any crime or violation of any Municipal Ordinance other than traffic offenses? _____

If so, date and place of conviction _____

Nature of Offense _____

Punishment/Penalty Imposed _____

Names, addresses and phone numbers of two reputable persons who are personally acquainted, not related to the applicant.

_____ Phone _____

_____ Phone _____

How many days per week licensed activity will be conducted _____

No. of hours _____ Nature of Business _____

Nature of goods, property or services to be sold or supplied

Products Manufactured or Produced _____

Location of goods/products at time of application _____

Proposed method of delivery _____

CORPORATION

Registered Agent _____ Name _____

Address _____ Phone _____

APPLICANT EMPLOYED BY ANOTHER

Employer's Name _____

Address _____ Phone _____

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APPLICATION MUST INCLUDE THE FOLLOWING:

- 1. Certificate of Insurance indicating that such person or entity is covered by a policy of general liability insurance, with minimum limits of \$500,000. for injury to any one (1) person and \$1,000,000. to more than one (1) person and property damage limits to \$100,000.
- 2. Must include Borough of Avalon, 3100 Dune Drive, Avalon, New Jersey as ADDITIONALLY NAMED INSURED. INSURANCE CARRIER'S NAME (attach copy of certificate of insurance with cancellation clause)
- 3. Must include copies of driver's license, insurance & vehicle registration. If applying for two vehicles, include copies of two driver's licenses.
- 4. County Health Certificate when required.

Fee Paid _____ Date Paid _____

Signature of Applicant

MOTOR VEHICLE OWNED/USED IN YOUR BUSINESS

Make of Vehicle #1/Year _____ **Body Type** _____
Color _____ **License Plate No.** _____ **State** _____
Driver's License No. _____ **State** _____
Driver's Name _____ **DOB** _____

Make of Vehicle #2/Year _____ **Body Type** _____
Color _____ **License Plate No.** _____ **State** _____
Driver's License No. _____ **State** _____
Driver's Name _____ **DOB** _____

Per Ordinance No.655-2012 10:3-5 No person or business entity shall utilize more than two vehicles at any given time to engage in the conduct permitted under this section. Please refer to Ordinance No. 248-88 & 655-2012 and under any Amendment, Supplement or Revision thereof to ensure full compliance.

LIST BACK-UP VEHICLES and DRIVERS BELOW:

Make of Vehicle **Year** _____ **Body Type** _____
Color _____ **License Plate No.** _____ **State** _____

Make of Vehicle **Year** _____ **Body Type** _____
Color _____ **License Plate No.** _____ **State** _____

Driver's License No. _____ **State** _____

Driver's Name _____ **DOB** _____

Driver's License No. _____ **State** _____

Driver's Name _____ **DOB** _____

Driver's License No. _____ **State** _____

Driver's Name _____ **DOB** _____

Driver's License No. _____ **State** _____

Driver's Name _____ **DOB** _____