



Town of Kearny

County of Hudson

LICENSING APPLICATION

(Canvass/Peddler/Lunch Truck/Ice Cream Truck)
(License Term: June 1st through May 31st)

HONORABLE MAYOR AND COUNCIL

APPLICATION DATE: _____

Mail/Return with applicable fees to: **Town of Kearny, Office of the Town Clerk**
402 Kearny Avenue
Kearny, New Jersey 07032

Dear Sir/Madam:

I herewith most respectfully make application for a license for:

_____ in the Town of Kearny in accordance with the Ordinance governing
Licensing and Business Regulations in the Town of Kearny section 5-2.

(Name) (Location/Streets)

(Address) (Dates)

(City, State) (Hours)

<u>License Fee</u>	<u>Quantity</u>
Canvass \$ 30.00 _____	_____
Peddler \$ 50.00 _____	_____
Lunch Truck \$ 50.00 _____	_____
Ice Cream Truck \$100.00 _____	_____
Total Amount Due _____	_____

Canvass Applications Only
 Originating Agency Number (ORI): NJ0090700
 Contributor Case # (Fingerprinting): _____
Agency fingerprinting receipt must accompany this application.
 Receipt #: _____
 Cash / Check #: _____

Attach Copies of your Driver's License, Vehicle Registration, Valid Insurance card, Plate Number and (2) Passport photos.

Push Cart applicants only attach: Copy of Driver's License & (2) Passport Photos.

This form must be signed and approved by the Town Clerk prior to the issuance of a license.

Approved By

Town Clerk	_____	Date: _____
Board of Health	_____	Date: _____
Police	_____	Date: _____
Fire	_____	Date: _____
Application Denied:	_____	Date: _____
Application Granted:	_____	Date: _____

Town Seal: Without seal application has not been approved.



TOWN OF KEARNY POLICE DEPARTMENT

APPLICATION FOR PERMIT TO CANVASS, PEDDLE, LUNCH TRUCK AND ICE CREAM TRUCK

NAME _____

ADDRESS _____

CITY, STATE _____

TELEPHONE NUMBER _____ MOBILE 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 _____

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

For internal use only:

Investigated by: _____ Y _____

Date: _____ N _____