



# Town of Kearny

## County of Hudson

### LICENSING APPLICATION

(Canvass/**Peddler/Lunch Truck/Ice Cream Truck**)

APPLICATION DATE: \_\_\_\_\_

Mail/Return with applicable fees to:

**Office of the Town Clerk**  
Town of Kearny  
402 Kearny Avenue  
Kearny, New Jersey 07032

### HONORABLE MAYOR AND COUNCIL

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)

#### License Fee

**Canvass**                 \$ 20.00  
**Peddler**                 \$ 50.00  
**Lunch Truck**           \$ 50.00  
**Ice Cream Truck**       \$100.00

#### Quantity

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### Canvass Applications Only

Originating Agency Number (ORI): NJ0090700  
Contributor Case # (Fingerprinting): \_\_\_\_\_

Agency fingerprinting receipt must accompany this application.  
Receipt #: \_\_\_\_\_

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

Cash / Check #: \_\_\_\_\_

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

#### Approved By

Town Clerk \_\_\_\_\_  
Board of Health \_\_\_\_\_  
Police \_\_\_\_\_  
Fire \_\_\_\_\_  
Application Denied: \_\_\_\_\_  
Application Granted: \_\_\_\_\_

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

**Town Seal: Without seal application has not been approved.**



**TOWN OF KEARNY POLICE DEPARTMENT  
APPLICATION FOR PERMIT TO CANVASS OR PEDDLE**

**APPLICATIONS FOR CANVASSING IN THE TOWN OF KEARNY MUST BE RETURNED WITH A COPY OF THE RECEIPT FROM THE FINGERPRINTING AGENCY, TWO PASSPORT PHOTOS, AND A COPY OF A VALID DRIVER'S LICENSE.**

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

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For internal use only:

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

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