



# Alloway Township

Municipal Clerk's Office  
P.O. Box 425, Alloway, NJ 08001  
Phone: (856) 935-4080 / Fax: (856) 935-2993

## Application Peddling and Soliciting \*\*NON-Food Vendor\*\*

### **Applicant Information** (Please Print)

Name: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

Home Address: \_\_\_\_\_  
\_\_\_\_\_

Place or places of residence for preceding three years:

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

Has applicant been convicted of any crime, misdemeanor, or violation of any local law or ordinance?  
\_\_\_\_\_ No \_\_\_\_\_ Yes If so, please explain:

(a) Nature of offense \_\_\_\_\_

(b) Where committed \_\_\_\_\_

(c) Punishment or penalty \_\_\_\_\_

### **Business Information**

Name of business: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Length of time License desired: \_\_\_\_\_

Description of merchandise to be offered for sale: \_\_\_\_\_

Vehicle Tag # \_\_\_\_\_ Make/Model: \_\_\_\_\_ Color: \_\_\_\_\_ Year \_\_\_\_\_

Type of equipment the goods will be sold from (cart, table, trailer, etc.) \_\_\_\_\_

If a stationary cart, trailer etc., what location do you plan to set up (on what road) \_\_\_\_\_

Three business references with contact telephone numbers:

1) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_

2) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_

3) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_



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## The following must be included with this application

- \_\_\_\_\_ A signed letter by the employer authorizing the applicant to act as agent of the employer *(If applicant is an employee of the business)*
- \_\_\_\_\_ Copy of New Jersey Sales & Tax Certification or Exemption therefrom must be provided.
- \_\_\_\_\_ Copy of Food Vendor's Current Health Inspection *(Must be less than one (1) year old)*
- \_\_\_\_\_ Photograph of person applying for license must be provided.
- \_\_\_\_\_ Copy of Peddler's License if vendor was honorably discharged from U.S. military service and possesses a valid peddler's license.
- \_\_\_\_\_ Copy of IRS Tax Exemption if vendor is a recognized charitable organization
- \_\_\_\_\_ Obtain a Type 1 Fire Permit *(application enclosed)*
- \_\_\_\_\_ Signed 'Hold Harmless Agreement' – *Must be submitted for each vendor and/or agent*
- \_\_\_\_\_ License Fee: \$100.00 per person, per day for each selling unit/device

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**NOTE: THE INFORMATION YOU PROVIDE IN THIS APPLICATION WILL BE VERIFIED WITH THE NEW JERSEY STATE POLICE.**

### For Township Use Only

Application received:

Fee received \$ \_\_\_\_\_

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

License number: \_\_\_\_\_

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



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## HOLD HARMLESS AGREEMENT

To the fullest extent permitted by law, \_\_\_\_\_

*Agent*

of \_\_\_\_\_ agrees to defend, pay on behalf of,  
*Vendor/Company Name*

indemnify, and hold harmless the **Township of Alloway**, its elected and appointed officials, its agents, employees and volunteers and others working on behalf of the **Township of Alloway** against any and all claims, demands, suits, or loss, including all costs connected therewith, and for any damages which may be asserted, claimed or recovered against from the **Township of Alloway**, its elected and appointed officials, its agents, employees, volunteers or others working on behalf of the **Township of Alloway**, by reason of personal injury, including bodily injury or death and/or property damage, including loss of use thereof, which arises out of or is in any way connected or associated with my participation as a vendor at the

\_\_\_\_\_.

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

\_\_\_\_\_  
Agent's Signature

\_\_\_\_\_  
Vendor/Company Name