



Alloway Township

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

Dear Vendor:

RE: 2019 ALLOWAY HALLOWEEN PARADE

Enclosed please find the application for obtaining a license for the upcoming Alloway Halloween Parade to be held on Saturday, October 26, 2019.

Please return the **fully completed and signed** application with fee to the Clerk's Office by **October 18, 2019**. Please remember to include all applicable documents with your application.

We will send any additional information that may be needed once the application is received and approved.

PLEASE NOTE: the sale of the following items is prohibited: Silly String, Cap Guns and Caps, Stink Bombs, Poppers, Smoke Bombs, Light Lasers, invisible ink, and any item which carries a charge to detonate or has an explosive mechanism pertaining to it, no matter how small.

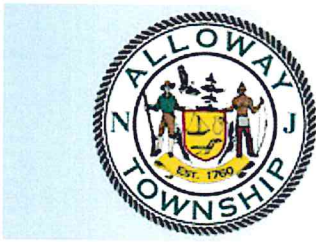
If you have any questions regarding the above, please contact the Clerk's Office at (856) 935-4080 x 202.

We are looking forward to seeing you at our parade.

Sincerely,

Stephanie Shane
Deputy Township Clerk

Enc.



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Application Peddling and Soliciting

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.) _____

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.
- _____ 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
- _____ 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 **Alloway Halloween Parade**.

Date: _____

Agent's Signature

Vendor/Company Name