

**TOWNSHIP OF CHESTERFIELD
295 BORD-CHESTERFIELD RD.
CHESTERFIELD, NJ 08515
(609) 298-2311**

**PEDDLER'S/SOLICITOR'S/VENDOR'S
PERMIT SUPPLEMENT
ADDITIONAL APPLICANT**

Chesterfield Twp. Use Only

Date Application Received _____

Amount _____

Check No./Cash _____

Control No. _____

Year Fingerprinted _____

APPLICANT INFORMATION

Name of Applicant: _____

Home Address: _____

_____ Telephone: _____

Driver's License#: _____ S.S.# _____

Description: Height: _____ Weight: _____ Eyes: _____

D.O.B.: _____ Hair: _____

Description of Vehicle to be used for sales: Year: _____ Make: _____

Model: _____ Color: _____ License Plate #: _____

Length of time requested or permit: (# of days, days of week and hours) _____

Have you ever been convicted of a crime other than a motor vehicle violation? _____ Yes _____ No

If yes, please explain: _____

Name last three (3) municipalities in which you operated:

(1) _____

(2) _____

(3) _____

Proof of false information on this application will revoke the license immediately. Signing this application attests that the applicant has made themselves aware of all codes, statutes, and restrictions applicable and agrees to comply with the same.

Applicant's Signature: _____ Date: _____

PLEASE RETURN:

- Completed License Application
- Finger printing results
- Copy of Current Driver's License
- Two (2) front view photographs,
2 inches square in size

Chesterfield Township Chief of Police:

Approved _____ Rejected _____

Reason for
Rejection _____

Date _____