

TOWNSHIP OF MULLICA
PEDDLERS LICENSE APPLICATION

INSTRUCTIONS:

1. Please fill out the attached application in duplicate and return to the Municipal Clerk's Office.
2. Attach a 2 x 3 inch photograph taken within sixty (60) days of application showing head and shoulders of applicant in clear and distinguished manner.
3. Contact the Mullica Township Police Department (609) 561-7600, ext. 122 to make arrangements to be fingerprinted. The Police Department will open a case number and direct the applicant to location for fingerprinting.
4. Attach copy of health certificate from Atlantic County Health Department secured within 30 days prior to submitting application. (Applies only to applicant distributing food stuffs or beverages)

FOR MUNICIPAL CLERK ONLY:

_____ Date all materials attached and forwarded to Police Department.

_____ Date returned by Police Department ___ approved ___ disapproved.

_____ License Fee

_____ Date Received

_____ Date License Issued

NAME OF APPLICANT: _____ **DATE:** _____

SEX _____ **DATE OF BIRTH** _____ **HEIGHT** _____ **WEIGHT** _____

EYE COLOR _____ **HAIR COLOR** _____ **COMPLEXION** _____

PERMANENT ADDRESS: _____

LOCAL ADDRESS IF DIFFERENT: _____

PHONE NUMBER: (____) _____

BRIEF DESCRIPTION OF NATURE OF BUSINESS AND GOODS TO BE SOLD:

LOCATION WHERE GOODS ARE TO BE SOLD:

LENGTH OF TIME YOU PLAN TO DO BUSINESS AT THIS LOCATION:

LIST DAYS AND HOURS OF OPERATION:

EMPLOYER: _____

IN WHAT CAPACITY ARE YOU EMPLOYED: _____

IF A VEHICLE IS USED, GIVE DESCRIPTION AND LICENSE NUMBER:

HAVE YOU EVER BEEN CONVICTED OF ANY CRIME, MISDEMEANOR OR VIOLATION OF ANY MUNICIPAL ORDINANCE? (IF YES, EXPLAIN)

APPLICANT SIGNATURE: _____ **DATE:** _____