



# TOWNSHIP OF MANTUA

Gloucester County, New Jersey

401 Main Street

Mantua, NJ 08051

Phone: (856) 468-1500 Fax: Fax (856) 464-1022

www.mantuatownship.com

## **APPLICATION FOR SEASONAL SALES VENDOR LICENSE FOR THE TOWNSHIP OF MANTUA**

### Section 1.

Name of Applicant \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number \_\_\_\_\_

### Section 2.

If you are incorporated, set forth when you were incorporated, the state of incorporation, the names and addresses of all stockholders of the corporation if privately owned, and your registered agent and office:

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

### Section 3.

If you are a partnership or other business entity, set forth the names and addresses of each of your partners or participants in the business:

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

### Section 4.

Name, address, telephone number and physical description of each individual to be employed and engaged by applicant in the seasonal sales vending:

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

Section 5.

Set forth other addresses, including residences for each applicant and individuals listed in Sections 1, 2, 3 and 4 above:

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Section 6.

The address and block and lot location of the property to be utilized in conducting the seasonal sales activity.

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Section 7.

Social security number and driver's license number for each individual engaged by the applicant who will conduct the activities for which this application is filed:

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Section 8.

Brief description of the nature of the business, goods and services to be sold and the names and address of the principal office of the manufacturer of the goods and services:

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Section 9.

Name and address of the agent designated to receive service of process in the State of New Jersey for the applicant:

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Section 10.

The length of time for which the applicant proposes to conduct the seasonal sales activity in Mantua Township:

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Section 11.

Set for the times during each day when you intend to participate in the seasonal sales vending:

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Section 12.

Describe the area of the Township by street name where you intend to set up the seasonal sales vending activity:

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Section 13.

Describe the means or methods that you intend to use in conducting the seasonal sales vending:

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Section 14.

Attach to this application a photograph of each individual who will be engaged in the seasonal sales vending. Such photo must have been taken within 60 days immediately prior to the filing of this application.

Section 15.

State as to each individual employed or engaged by the applicant whether such individual has been convicted of any crime, disorderly persons offense or violation of any municipal ordinance, describing as to each the nature and date of the events and the punishment or penalty assessed therefore:

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Section 16.

Set forth a statement indicating whether or not orders are to be solicited or taken for future delivery of goods or performance of services by the applicant:

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Section 17.

List all previous licenses issued by the Township of Mantua for the applicant as well as by other municipalities wherein licenses have been applied for and issued by those municipalities, setting forth the applicable dates as to each:

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Section 18.

List all previous licenses issued by this or any other municipality which have been revoked, setting forth in addition who revoked the license, the date of revocation and the reason given therefore:

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Section 19.

Attach the information required by Mantua Code Article 92-3 B.11, a copy of which is attached as Schedule A.

Section 20.

Attach hereto a certification from the Mantua Township Tax Collector that all taxes have been paid on the subject lot and are current.

Section 21.

Attach a statement that you will comply with Mantua Code Article 92-3B.14 regarding operating standards for seasonal sales vendors, a copy of which is attached as Schedule B.

Section 22.

Identify the zoning district for the lot contemplated to be used for the seasonal sales vending:

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Section 23.

Set forth a statement that you will comply with the hours of operation mandated under Mantua Code Article 92-3 C.2.

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I certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment.

APPLICANT

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

By: \_\_\_\_\_

\_\_\_\_\_  
(Print Name)

**FOR USE BY TOWNSHIP OF MANTUA ONLY**

Fees Paid:

Application Fee \$25 times number of individuals to be registered \_\_\_\_\_ = \$ \_\_\_\_\_

License fee \$100 times number of individuals to be licensed \_\_\_\_\_ = \$ \_\_\_\_\_

Comments by Reviewing Authority:

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Based on the foregoing, I recommend \_\_\_\_\_ do not recommend \_\_\_\_\_ issuance of the solicitor's license.

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

\_\_\_\_\_  
(Print Name)