



# PLAINSBORO TOWNSHIP

## Application for Peddler/Canvasser/Solicitor

Office of Township Clerk, Municipal Center  
641 Plainsboro Road, Plainsboro, NJ 08536  
609-799-0909 ext. 2547

Attach Photos Here

(Please Print or Type)

In accordance with Plainsboro Township Ordinance No. 09-22 and Ordinance No. 09-23, application is hereby made for the issuance of the following license:

Peddler    Canvasser    Solicitor    \*Mobile Food Vendor/Solicitor

**\*\* Must also apply for a Mobile Food Handling Health License.**

1. Name: \_\_\_\_\_

*First*

*Middle*

*Last*

2. Residence Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

3. Home Telephone No. \_\_\_\_\_ Work Telephone No. \_\_\_\_\_

4. Cell Phone No: \_\_\_\_\_ Email Address: \_\_\_\_\_

5. Driver's License No: \_\_\_\_\_ Social Security No. \_\_\_\_\_

6. Date of Birth \_\_\_\_\_ Weight \_\_\_\_\_ Hair Color \_\_\_\_\_ Eye Color \_\_\_\_\_ Male or Female  
(circle one)

7. Mobile Vendor: Yes \_\_\_ No \_\_\_

If Yes, Indicate Vehicle to be Used: Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ Color \_\_\_\_\_

License Plate No. \_\_\_\_\_ State of \_\_\_\_\_ Vin No. \_\_\_\_\_

Name on Vehicle: \_\_\_\_\_

Submit copy of Insurance Policy with application. (See Ordinance No. 09-23 for required amount)

*\*When vehicle is on private property name, address and written permission of property owner must be submitted.*

8. Trade Name: \_\_\_\_\_

9. Describe Nature of Business: \_\_\_\_\_

Specify Merchandise or Services to be Sold or Solicited: \_\_\_\_\_

10. Length of Time in which to do business and days and hours in which to conduct such business: \_\_\_\_\_

11. Where is Merchandise Manufactured or Produced? \_\_\_\_\_

Where is Merchandise Located? \_\_\_\_\_ Telephone No. of Location: \_\_\_\_\_

Method of Delivery of Merchandise: \_\_\_\_\_

12. References: Submit at Least Two with Complete Name, Address, and Telephone No. or if not available, Other Evidence of Applicant's Character such as Approval or Recommendation by the Better Business Bureau or the Chamber of Commerce.

1. \_\_\_\_\_

2. \_\_\_\_\_

13. Have you been convicted of a crime, misdemeanor or violation? Yes \_\_\_\_\_ No \_\_\_\_\_  
If Yes, State Nature of Offense \_\_\_\_\_  
Date \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Disposition \_\_\_\_\_

14. Have you ever applied for or been denied a similar license in any other municipality or in Plainsboro?  
Yes \_\_\_\_\_ No \_\_\_\_\_  
If Yes, Give Details (including reason for refusal if applicable) \_\_\_\_\_  
\_\_\_\_\_

I hereby certify that all statements made by me on this application are true and complete to the best of my knowledge and I am aware that withholding information or making false statements will be the basis for refusal or recall of the license applied for.

\_\_\_\_\_  
Signature of Applicant

Sworn and subscribed before me on  
this \_\_\_\_ day of \_\_\_\_\_, 20\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Notary Public

**FOR OFFICE USE ONLY**

Approvals: **POLICE**  
Record Found/Denied: \_\_\_\_\_  
No Record Found/Approved: \_\_\_\_\_  
Date: \_\_\_\_\_ Chief of Police Signature: \_\_\_\_\_

**TOWNSHIP CLERK**  
License No. \_\_\_\_\_  
Issue Date: \_\_\_\_\_ Signature, Township Clerk \_\_\_\_\_

**HEALTH (If applicable)**  
License No. \_\_\_\_\_  
Issue Date: \_\_\_\_\_