



Founded 1688

# Township of Mansfield

--County of Burlington--

## CLERK'S OFFICE

3135 Route 206 South

Suite 1

Columbus, New Jersey 08022

MUNICIPAL COMPLEX  
(609) 298-0542 ext 1011  
FAX: (609) 298-1863

Linda Semus, RMC  
Municipal Clerk

1. Applicant's Full name: \_\_\_\_\_
2. Permanent Home Address: \_\_\_\_\_  
\_\_\_\_\_
3. Full local Address (if not currently residing at permanent home address): \_\_\_\_\_  
\_\_\_\_\_
4. Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_
5. Date of Birth: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_
- Identifying Marks: \_\_\_\_\_
6. Social Security Number: \_\_\_\_\_
7. Driver's License Number: \_\_\_\_\_
8. Nature of Business: \_\_\_\_\_
9. Description of merchandise or service to be peddled, solicited or auctioned: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
10. If employed, the name and address of the employer: \_\_\_\_\_  
\_\_\_\_\_
11. List the place where the merchandise or services to be sold or offered for sale are manufactured or produced, where such goods or property are located: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
12. Proposed method of delivery: \_\_\_\_\_  
\_\_\_\_\_
13. If a vehicle or vehicle(s) are to be used, list year, make, model, VIN# and license plate number(s) of the vehicle(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

14: Has the applicant ever been convicted of any crime, misdemeanor or violation, if so, the nature of the offense and the punishment or penalty assessed therefore:

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15. The length of time for which the Certificate of desired:

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16. If there is more than one person peddling, soliciting or distributing merchandise or printed materials, please list the Names, Addresses etc.

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ S.S.# \_\_\_\_\_

IDENTIFYING MARKS: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ S.S.# \_\_\_\_\_

IDENTIFYING MARKS: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ S.S.# \_\_\_\_\_

IDENTIFYING MARKS: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ S.S.# \_\_\_\_\_

IDENTIFYING MARKS: \_\_\_\_\_

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TWO REFERENCES: (With telephone numbers):

1: \_\_\_\_\_ # \_\_\_\_\_

2: \_\_\_\_\_ # \_\_\_\_\_

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FEES: Initial: \$200.00 Registration Fee  
ANNUAL: \$200.00 Re-registration

PHOTO ID IS REQUIRED FOR APPLICANT AND ALL PERSONS PEDDLING,  
SOLICITING OR DISTRIBUTING MERCHANDISE OR PRINTED MATERIAL.

Copy of Hawkers, Peddlers, Solicitors and Canvassers Ordinance is attached for Review.

I hereby acknowledge receipt of the aforementioned Ordinance and have completely and  
entirely read said Ordinance and will adhere and comply with the terms of said  
Ordinance.

\_\_\_\_\_  
Applicant:

Dated: \_\_\_\_\_

\_\_\_\_\_  
Applicant

Dated: \_\_\_\_\_