



MAURICE RIVER TOWNSHIP

Application for Certificate of Registration

All requested information must be provided.

Name: _____

Phone No.: _____

PERSONAL INFORMATION:

Age: _____ Height: _____ Weight: _____

Hair Color: _____ Eye Color: _____

Marks: _____

HOME ADDRESS: _____

How long have you lived at this address? _____

Home address during the last three (3) years (if different than present):

NAME & ADDRESS OF EMPLOYER OR FIRM YOU REPRESENT:

Phone No.: _____

Name & Address of employers during the last three (3) years (if different than present): _____

Phone No.: _____

Phone No.: _____

I hereby swear all information provided is true and accurate.

Applicant Date

For Office Use Only
Application No.: _____
Renewal No.: _____
 Valid Veteran's I.D. attached
 Valid Peddler's License attached

VENDING LOCATION: _____

(Must list address(es) where vending activity will take place. If not personally owned, written permission from property owner must be provided authorizing vending activities.)

Describe in detail the nature of the vending you intend to do in Maurice River Township: _____

Intended length of time for vending: _____
(Max. of 90 days)

Have you ever applied for a Certificate of Registration in Maurice River Township? Yes No

If yes, when: _____

Has your Certificate of Registration ever been revoked in Maurice River Township? Yes No

If yes, when: _____

Have you ever been convicted of a felony in this or any other state?

Yes No If yes, when and describe: _____

THIS CERTIFICATE OF REGISTRATION IS VALID FOR A PERIOD OF 90 DAYS FROM DATE OF ISSUANCE.

NOTE: ANY APPLICATION DEEMED INCOMPLETE WILL NOT BE PROCESSED.