



TOWNSHIP OF DENNIS  
OFFICE OF THE MUNICIPAL CLERK  
571 PETERSBURG ROAD  
PO BOX 204  
DENNISVILLE, NEW JERSEY 08214-0204

**2017 PEDDLER'S HAWKER'S AND VENDOR'S LICENSE**

**FEE: \$100.00**

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Owner's Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Description of Applicant:

Height \_\_\_\_\_ Weight \_\_\_\_\_ Eyes \_\_\_\_\_ Hair Color \_\_\_\_\_ Sex \_\_\_\_\_

Places of residence for the past five (5) years:

- 1.
- 2.
- 3.
- 4.
- 5.

Name of Business: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Vehicle Description(s): \_\_\_\_\_

Tag(s) Number: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Type of Coverage: \_\_\_\_\_

List other Municipalities licensed: \_\_\_\_\_

Has License been revoked? \_\_\_\_\_

If Yes, State Where & Why: \_\_\_\_\_

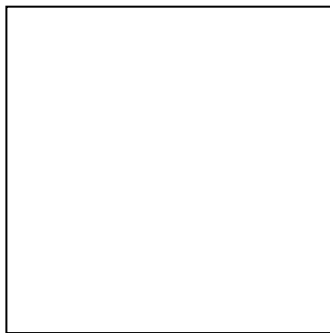
Do you have a County Vending Certificate? \_\_\_\_\_ If Yes, Attach Copy.

Have you ever been convicted of any crime? \_\_\_\_\_ If Yes, State Date,  
Place, and Nature of Conviction: \_\_\_\_\_

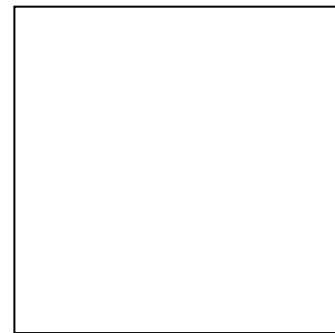
New Jersey Sales Tax Identification Number: \_\_\_\_\_

Insurance Information **(As per Chapter 72 Section 26(l) of the Dennis  
Township Code – Application for license)**:

Affix two (2) present photographs showing a frontal view and a profile view of the  
applicant's face no larger than one and one-half (1 ½) inches square.



Affix Frontal  
Photo Here



Affix Profile  
Photo Here

\_\_\_\_\_  
Owner's Signature

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date