

**TOWNSHIP OF BLOOMFIELD  
HAWKER-PEDDLER-CANVASSER  
LICENSE - 2020**

Initial Application Fee: \$200.00  
Three-Day Fee: \$ 62.50  
Change Driver: No Fee  
Date Filed:

*Please Note- As per N.J.S.A. 45:24-9, if you are an  
Honorably Discharged Veteran, the fee is waived.*

Date of Photograph \_\_\_\_\_

**PLEASE NOTE: ALL QUESTIONS MUST BE FULLY AND TRUTHFULLY ANSWERED.  
FAILURE TO DO SO WILL RESULT IN THE DENIAL OF YOUR APPLICATION.**

Applicant's Name: \_\_\_\_\_ Telephone No.: \_\_\_\_\_

Home Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Place of Birth: \_\_\_\_\_ Email Address: \_\_\_\_\_

Citizen of U.S? Yes No If "No," Naturalization papers **MUST** be attached Yes \_\_\_ No \_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair Color \_\_\_\_\_ Eye Color \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Sex: Male Female \_\_\_

Driver's License Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

A. Are you addicted to the use of intoxicating liquors or any drug forming habit? Circle One- YES or NO.

B. Have you ever been convicted of a crime or of being a disorderly person? Circle One- YES or NO.

C. Have you ever been arrested or summoned to court on ANY charge? Circle One- YES or NO.

If "Yes" to any of the above, please provide details: \_\_\_\_\_

Description of Vehicle: \_\_\_\_\_  
Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ License Plate No. \_\_\_\_\_

Description of Merchandise to be Sold : \_\_\_\_\_

Days of Week Merchandise Will Be Sold:

Monday  Tuesday  Wednesday  Thursday  Friday  Saturday  Sunday

Hours Merchandise Will Be Sold: \_\_\_\_\_

**PROOF OF INSURANCE MUST BE SUBMITTED WITH APPLICATION AS FOLLOWS:  
Comprehensive General Liability: \$500,000 (Combined Single Limit Each Occurrence) and  
Automobile Liability: \$500,000 (Each Accident)**

**DO NOT WRITE BELOW THIS LINE**

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Approved by:

Records Unit:  
Date:

Police Director:  
Date:

Tax Collector: \_\_\_\_\_  
Date: \_\_\_\_\_

Health Officer: \_\_\_\_\_  
Date: \_\_\_\_\_

AFFIDAVIT OF INDIVIDUAL APPLICANT

\_\_\_\_\_, of full age, being duly sworn according to law, upon  
(Name of Applicant)  
his oath, deposes and says that:

- 1. The answers, statements and declarations wade in the foregoing application are absolutely true in all respect

Signature of Applicant

Subscribed and sworn to before me, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

Notary Public of the State of New Jersey  
(Please Affix Seal Here)

AFFIDAVIT OF CORPORATE APPLICANT

\_\_\_\_\_ - of full age, being duly sworn according to law, upon  
(Name of President or Vice President)  
his oath, deposes and says that:

- 1. He is the \_\_\_\_\_ President of the corporation named as the Applicant in, and which signed the foregoing Application.
- 2. He is duly authorized b the Board of Directors of said corporation to sign the Application in its name and on its behalf
- 3. He has read and full understands all of the questions pertaining to such Applicant corporation, and that all of the foregoing answers, statements and declarations made thereto are absolutely true in all respect

Signature of President or Vice President of Applicant

Subscribed and sworn to before me, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

Signature of Corporate Secretary  
(Please Affix Seal Here)

AFFIDAVIT OF PARTNERSHIP APPLICANT

(Name of Partner)  
\_\_\_\_\_, of full age, being duly sworn according to law, say  
(Name of Partner)  
( each for him/herself and not for the others) on their respective oaths, that:

- 1. They are all of the partners of the partnership names as the Applicant in the foregoing Application.
- 2. They have read and fully understand all of the questions pertaining to such Applicant partnership
- 3. That all of the foregoing answers, and declarations made thereto are absolutely true.

Signature of Partner

Signature of Partner

Subscribed and sworn to before me, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

Notary Public of the State of New Jersey  
(Please Affix Seal Here)

# Memo

To: LOUISE PALAGANO  
From: CAPT. JAMES DECKER  
CC: CHIEF MARK LEONARD  
RE: HAWKERS/PEDDLERS APPLICATIONS

In order to complete the Police Department part of the background investigation required on Hawkers/Peddler Applications, the Record Bureau needs 2 copies of a certified Motor Vehicle abstract for each Applicant. The Abstract should be no more than 10 business days old, and can be obtained at any regional Motor Vehicle Office.

The abstract should be brought to the Record Bureau. See attached additional instructions from the Bloomfield Police Department.

Driver abstracts are needed for Ice Cream and Hot Dog truck operations, as well as any other Hawker/Peddler Applicant in the Township of Bloomfield.

. DIRECTIONS FOR APPLICANT STATE POLICE CHECK- LOCAL ORDINANCE ONLY

CONTACT THE WEBSITE: <https://www.njportal.com/njsp/criminalrecords/> .

CORRECT OR/ NUMBER FOR BLOOMFIELD:NJ0070200 .

CL/C/ ON THE ON LINE FORM Z12A - A HIGHLIGHTED BLOCK LOCATED ON THE LOWER LEFT SIDE OF THE PAGE.

FOLLOW THE PROMPTS FOR THE DEMOGRAPHIC..AND PAYMENT INFORMATION

LOCAL ORDINANCE NUMBERS ARE AS FOLLOWS:

TAXI DRIVER	T.O. 526-6
LIMO DRIVER	T.O. 526-20
CANVASSING	T.O. 408-2
HAWKERS/PEDDLERS	T.O. 408-10

CONTINUE TO COMPLETE THE FORM AS REQUIRED BY THE STATE POLICE AS INSTRUCTED. ONCE THE FORM IS COMPLETED CORRECTLY, CHECK THE AGREEMENT BOX AND YOU WILL THEN HAVE AN OPPORTUNITY TO REVIEW AND MAKE ANY CHANGES BEFORE MOVING ONTO THE PAYMENT SCREEN.

THE FEE FOR THIS POLICE CHECK WILL BE \$20.00 PAYABLE BY CREDIT CARD OR ELECTRONIC CHECK. ONCE YOUR PAYMENT IS VERIFIED, YOU WILL RECEIVE A CONFIRMATION RECEIPT WHICH WILL INCLUDE A CONFIRMATION NUMBER.THE REQUEST WILL THEN BE FORWARDED TO OUR TOWNSHIP ACCOUNT.

PLEASE PROVIDE COPY OF CONFIRMATION WHEN YOU SUBMIT YOUR APPLICATION TO THE RECORD BUREAU.

MORE DETAILED INFORMATION CAN BE OBTAINED BY CLICKING ON THE **HELP TAB** WHICH IS LOCATED ON THE TOP RIGHT SIDE OF TIE PAGE.



The online 212A Form should be used only after consultation with your local Police Department or the State Agency that *is* responsible for the type of licensing needed. You must first obtain an Originating Agency Identifier (ORI) Number from the licensing department to complete this form. Incorrect *ORI* Number may result in non-processing of your form.

1

Each submission costs \$20.00, payable by Visa, Mastercard, Discover, or American Express credit or debit card.

**This form can't be used for a personal background check.**

State of New Jersey  
Office of Forensic Science

# Request for a Criminal History Record Information\_ for a Noncriminal Justice Purposes

## Request for a Criminal History Record Information for a Noncriminal Justice- Purposes

Complete *All* Required Fields [\*]

### ORI Information:

ORI Number is the identifier for the local licensing authority for the jurisdiction of your residential address. Correct *ORI* Number is essential for processing of this form.

ORI NUMBER \*

| NJ 0070200 |

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