

**TOWNSHIP OF CHESTERFIELD  
295 BORDENTOWN-CHESTERFIELD ROAD  
CHESTERFIELD, NJ 08515  
(609) 298-2311**

Chesterfield Twp. Use Only

Date Application Received \_\_\_\_\_

Amount \_\_\_\_\_

Check No./Cash \_\_\_\_\_

Control No. \_\_\_\_\_

Year Fingerprinted \_\_\_\_\_

**PEDDLER'S/SOLICITOR'S/VENDOR'S PERMIT APPLICATION**

\_\_\_\_\_ **FEE: \$200.00**  
\_\_\_\_\_ **NON-PROFIT: No Charge**

**BUSINESS INFORMATION:**

Name of business: \_\_\_\_\_

Address at which business is operated: \_\_\_\_\_

\_\_\_\_\_ Telephone: \_\_\_\_\_

Nature of business: \_\_\_\_\_

Description of services or wares to be sold or purchased: \_\_\_\_\_

Method of delivery: \_\_\_\_\_

**APPLICANT INFORMATION**

(If more than one applicant, use Additional Applicant page. Can be reproduced.)

Name of Applicant: \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_ Telephone: \_\_\_\_\_

Driver's License#: \_\_\_\_\_ S.S.#: \_\_\_\_\_

Description: Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Eyes: \_\_\_\_\_

D.O.B.: \_\_\_\_\_ Hair: \_\_\_\_\_

Description of Vehicle to be used for sales: Year: \_\_\_\_\_ Make: \_\_\_\_\_

Model: \_\_\_\_\_ Color: \_\_\_\_\_ License Plate #: \_\_\_\_\_

Length of time requested or permit: (# of days, days of week and hours) \_\_\_\_\_

\_\_\_\_\_

Have you ever been convicted of a crime other than a motor vehicle violation? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please explain: \_\_\_\_\_

Name last three (3) municipalities in which you operated:

(1) \_\_\_\_\_

(2) \_\_\_\_\_

(3) \_\_\_\_\_

Proof of false information on this application will revoke the license immediately. Signing this application attests that the applicant has made themselves aware of all codes, statutes, and restrictions applicable and agrees to comply with the same.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE RETURN:**

- Completed Application**
- Finger printing results**
- Copy of Current Driver's License**
- Two (2) front view photographs, 2 inches square in size**
- Appropriate Fee. Checks payable to: Chesterfield Township**
- If the license application is for the sale of food products, the applicant is required to present an inspection report issued by the Burlington County Health Department.**

<b><u>Chesterfield Township Chief of Police:</u></b>	
Approved _____	Rejected _____
Reason for Rejection _____	
Date _____	