



TOWNSHIP OF MIDDLE
OFFICE OF TOWNSHIP CLERK/ ADMINISTRATION
33 MECHANIC STREET
CAPE MAY COURT HOUSE, NEW JERSEY 08210
Office: 609-465-8721

Year: _____

APPLICATION FOR TRANSIENT MERCHANT

SECTION I APPLICATION FOR TRANSIENT MERCHANT LICENSE

Full Name (PRINTED): _____
(First) (MI) (Last)

Name of Corporation/Business (if applicable) _____

** If the applicant is a business entity, including but not limited to a corporation, limited liability company, or any type of partnership, the applicant shall provide a list of the names, home telephone numbers and addresses, and business telephone numbers and addresses for each and every officer, director, and/or manager of the entity, if the entity has officers, directors, and/or managers.*

Home Address: _____

City State Zip

Phone Number Email Address

Depot Address (if different then above) : _____
(Street)

City State Zip

If the applicant is a corporation, limited liability company, or any other business entity:

Date of Incorporation or formation: _____ State of Incorp. or formation _____

If entity formed in a state other the State of New Jersey, date on which entity was qualified to transact business as a foreign entity in New Jersey: _____

Vendor Type: _____

Length of Time for which to transact business: _____

Location of such proposed place of business (if business is carried out by a motorized or self-propelled vehicle please provide routes of operation): _____

SECTION II APPLICATION FOR CHILD VENDOR PERMIT / MOTORIZED VENDOR DRIVER PERMIT

Please utilize the following application for **each employee** listed on said license:

Name of Driver: _____

Mailing Address: _____
 Street

_____, _____
 City State Zip

Date of Birth: _____

**Person must be at least 18 years of age to obtain a Motorized Vendor Driver Permit.*

State in which Driver's License was issued _____

License No. _____ Expiration Date: _____

1.) Where were you born? _____ If not born in the United States are you a naturalized citizen? _____ When were you naturalized? _____

2.) Have you or any of your drivers ever plead guilty, been convicted or forfeited collateral on any charge other than a traffic violation? _____ If yes, please list convictions.

Conviction Date	Offense	Disposition	City/County	State

3.) Have your driving privileges ever been suspended, revoked or denied in any state or jurisdiction? _____ IF so, why? _____

4.) Have you ever filed an application for a vendor license in any other municipality? _____ If So, when and where? _____

** All applications must include the following information:*

1. *A driver's abstract which shows the applicants drivers record for a period of at least the past ten years. If the applicant has not been driving for that long, the abstract shall be for the entire period that the applicant has been a licensed driver.*
2. *Clear photocopy of applicant's driver license*
3. *Three (3) 3x5 inch passport photographs.*
4. *Certification by physician stating that the employee is fit to operate the motor vehicle (see below)*
5. *Certificate of Insurance with the Township of Middle names as additional Insured and Workers Compensation (if applicable)*

Pg 2 SECTION II APPLICATION FOR CHILD VENDOR PERMIT / MOTORIZED VENDOR DRIVER PERMIT

In connection with Chapter 231-7 of the Code of the Township of Middle, I hereby agree to all of the terms and conditions set forth and required in obtaining a Child Safe Vendor Permit including consent to a thorough background check and fingerprinting requirements.

Signature

Notary Public:

_____ being duly sworn, deposes and says that he/she is the individual making the foregoing application for a Child Safe Vendor Permit and that the answers to the foregoing questions and other statements contained therein are true to the best of his/her knowledge and belief.

Sworn to before me this _____ day of _____, _____

Notary Public

Physician's Voucher:

This is to certify that I have examined _____ and I find the applicant is not subject to any physical or mental impairment or other condition that could adversely affect the applicant's ability to drive safely or otherwise endanger the health, safety, or welfare of the public.

If physician is unable to certify the above, please explain: _____

Signature

Date: _____

Address: _____

Fees

License Fee: \$250.00	Truck / Sticker Fee: \$25.00 each vehicle	Driver Fee - \$25.00 each Driver
No. of Vehicles : _____	No. of Drivers: _____	
Total Due: \$ _____		

SECTION III APPLICATION FOR TRANSIENT MOTORIZED VEHICLE PERMIT

* Please complete for each vehicle listed for license.

Vehicle Make _____ Model _____

Year _____ Vin No. _____

Insurance Company: _____

Address: _____

Policy Number: _____ Expiration Date: _____

*This application shall include the following information attached hereto:

1. Copy of Vehicle Title
2. Proof of Registration
3. Proof of Inspection
4. Proof of Insurance

Township Check List

- Application
- Certificate of Insurance naming Middle as additional insured
- Workers Compensation
- Driver abstract
- Board of Health Certificate
- Vehicle Insurance
- Vehicles Registration
- Vehicle Title
- Driver's License
- Driver Picture
- Physicians Note

Payment

Permit Fee: _____

Vehicle Fee : _____

Driver Fee: _____

Total Payment: _____

Check No: _____ Cash

Initials: _____

Date Received: _____