



Barnegat Township Police Department

900 WEST BAY AVENUE
BARNEGAT, NEW JERSEY 08005

CHIEF ARTHUR P. DREXLER

(609) 698-5000

VENDORS APPLICATION CHECKLIST

Local Ordinance No.: 1991-30

All applicants for Vendors Permits must first submit a completed application prior to Barnegat Police initiating a background investigation. The completed application should contain the following when turned over to the Police Department:

- 1. Completed Vendors Application.
- 2. Two letters of recommendation addressed to the Chief of Police concerning applicant's moral character.
- 3. Two photographs of the applicant.
- 4. A statement as to whether or not the applicant has ever been convicted of any crime, misdemeanor, or violations of any municipal ordinance, excluding traffic violations; the nature of the offense, location and penalty, if any.
- 5. Names of employees or representatives who will also engage in the business and/or activity as they must also file an application.

After the application has been completed and forwarded to the Police Department, a member of the Investigative Division will contact the applicant in reference to fingerprint procedures.



DATE OF APPLICATION _____

TOWNSHIP OF BARNEGAT VENDORS PERMIT APPLICATION

NAME OF BUSINESS: _____

APPLICANT NAME: _____

DATE OF BIRTH: _____ PLACE OF BIRTH: _____

AGE: _____ HEIGHT: _____ WEIGHT: _____ EYE COLOR: _____ HAIR COLOR: _____

SOCIAL SECURITY #: _____ DRIVERS LICENSE #: _____

MARKS, SCARS, AMPUTATIONS: _____

INSURANCE COMPANY: _____ POLICY #: _____

LIMITS OF LIABILITY:
PERSONAL INJURY: _____
PROPERTY DAMAGE: _____

PERMANENT HOME ADDRESS: _____
STREET TOWN ZIP CODE
PHONE #: _____

BUSINESS ADDRESS: _____
STREET TOWN ZIP CODE
PHONE #: _____

TYPE OF BUSINESS OR SERVICE: _____

MERCHANDISE TO BE SOLD: _____

MANUFACTURED GOODS MADE BY: _____

WHERE ARE GOODS TO BE STORED: _____

TYPE OF DELIVERY OF GOODS OR MERCHANDISE: _____

CONTACT PERSON: _____ PHONE: _____

NAME AND ADDRESS OF TWO BUSINESS OR BANKING REFERENCES IN OCEAN COUNTY

1. _____
2. _____

NUMBER OF VEHICLES TO BE USED:

1. DESCRIPTION: _____
MAKE MODEL YEAR COLOR
REGISTRATION #: _____
2. DESCRIPTION: _____
MAKE MODEL YEAR COLOR
REGISTRATION #: _____
3. DESCRIPTION: _____
MAKE MODEL YEAR COLOR
REGISTRATION #: _____

ALL APPLICANTS MUST BE FINGERPRINTED AND PHOTOGRAPHED

I CERTIFY THAT ALL STATEMENTS COMPLETED ON THIS FORM ARE TRUE, ACCURATE AND CORRECT IN EVERY PART, ALSO THAT I HAVE READ ORDINANCE 1991-30 AND AGREE TO ABIDE WITH SAID ORDINANCE AND UNDERSTAND IN FULL WHAT I MUST COMPLY WITH,

SIGNATURE APPLICANT

DATE

PHOTOGRAPHED: _____

FINGERPRINTS: _____

PROOF OF INSURANCE: _____

SANITARY INSPECTION: _____

FEE COLLECTED: _____

DATE ISSUED: _____

CHIEF OF POLICE: _____

SIGNATURE _____

DATE: APPROVED: _____ Denied: _____



TOWNSHIP OF BARNEGAT
BOARD OF HEALTH
900 WEST BAY AVENUE
BARNEGAT, NEW JERSEY 08005
FOOD HANDLERS APPLICATION

THE UNDERSIGNED HEREBY MAKES APPLICATION FOR A LICENSE TO CONDUCT AN EATING OR DRINKING ESTABLISHMENT:

NAME OF BUSINESS: _____

ADDRESS OF BUSINESS: _____

TELEPHONE NO: _____

OWNERS NAME: _____

OWNERS ADDRESS: _____

IN MAKING THIS APPLICATION, I OR WE, AGREE TO COMPLY WITH ALL THE ORDINANCES OF THE COUNTY OF OCEAN AND THE LAWS OF THE STATE OF NEW JERSEY COVERING SUCH ESTABLISHMENTS. IT IS FURTHER AGREED THAT I, OR WE, WILL SURRENDER THIS LICENSE, IF GRANTED, TO THE DEPARTMENT OF HEALTH ON DEMAND.

SIGNATURE OF AUTHORIZED REPRESENTATIVE

LICENSE NUMBER ISSUED: _____

DATE OF ISSUE: _____

CHECK ENCLOSED: _____

AMOUNT \$25.00