



BOROUGH OF UNION BEACH  
650 Poole Avenue  
Union Beach, NJ 07735

Owner \$10.00 each  
Helper \$10.00 each

APPLICATION FOR LICENSE

POLICE DEPT: \_\_\_\_\_ APPROVED \_\_\_\_\_

\_\_\_\_\_ DENIED \_\_\_\_\_

### CANVASSER/SOLICITOR

Name and address of applicant: \_\_\_\_\_  
\_\_\_\_\_

If a corporation, give name and address of principal office, address of registered agent in New Jersey for service of process and names, address and offices held by corporate officers.

Corporate Name and address: \_\_\_\_\_  
\_\_\_\_\_

Trade name, address and phone number. Name of business listed to be conducted under trade name.

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

Phone number: \_\_\_\_\_

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

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

Name, address and phone number of owner of motor vehicle being used: \_\_\_\_\_  
\_\_\_\_\_

Driver's License Number \_\_\_\_\_

Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_ Plate Number \_\_\_\_\_

Name, address and phone number of Insurance Company (including Agent): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Policy Period \_\_\_\_\_ to \_\_\_\_\_ Coverage Amount \_\_\_\_\_



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

Describe business or activity of applicant(s) and its purpose: \_\_\_\_\_

\_\_\_\_\_

Describe goods or materials, literature of items to be sold: \_\_\_\_\_

\_\_\_\_\_

**Names, address, phone numbers and ages of the persons that will specifically be engaged in the municipality and the dates and hours:** (Under the age of 18, except that this provision shall not apply to applicants who have complied with or come within the exceptions of R.S. 34:2-1, et seq.)

1. \_\_\_\_\_  
\_\_\_\_\_

2. \_\_\_\_\_  
\_\_\_\_\_

3. \_\_\_\_\_  
\_\_\_\_\_

**Attach additional sheet if more than three names**

**Dates:** \_\_\_\_\_

**Hours:** \_\_\_\_\_

**NAME, ADDRESS AND PHONE NUMBER OF PERSON IN CHARGE OF ACTIVITY. PHONE NUMBER WHERE PERSON CAN BE REACHED IN CASE OF EMERGENCY:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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DUPLICATE THIS PAGE AND THE FOLLOWING PAGE FOR EACH AND EVERY PERSON NAMED IN THE APPLICATION:

NAME: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

***Two passport sized photos must be submitted for each applicant.***

Has the applicant or any person mentioned in this application ever been convicted of any crime, misdemeanor or violation of the Disorderly Persons Act or any municipal ordinance other than a traffic violation? If so, state details to each conviction, giving name of person convicted, date thereof, nature of crime, court in which the conviction was entered and sentence imposed.

Investigation of applicants.

Each application shall be referred to the chief of police or a police officer designated by him, who shall immediately institute whatever investigation of the applicant's business responsibility, moral character and ability to properly conduct the licensed activity he considers necessary for the protection of the public. He shall communicate his findings in writing to the borough clerk within a reasonable time after the application has been filed. If the investigator decides that the applicant's character, ability or business responsibility is unsatisfactory, or the products, services or activity are not free from fraud, he shall disapprove the application and the clerk shall refuse to issue the license and so notify the applicant. Otherwise, the borough clerk shall issue the license immediately, provided the required license fees have been paid, except in cases where approval of the mayor and council is required. In the event of the refusal of the issuance of a license, the applicant may appeal to the council for a hearing. The appeal shall be filed in writing with the borough clerk within 14 days after notification of the refusal. The council shall hold its hearing within 10 days thereafter, and its decision shall be final.

# BOROUGH OF UNION BEACH POLICE DEPARTMENT

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MICHAEL J. WOODROW  
*CHIEF OF POLICE*

GABRIEL FARESE  
*CAPTAIN OF POLICE*

Please print all following information requested in order for the Borough of Union Beach to complete a background check.

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

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

Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

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

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

Phone Number: \_\_\_\_\_

I hereby authorize the Borough of Union beach to conduct a security background check on me. I understand that this security check will cover information including, but not limited to, criminal history, driving history, juvenile history and employment. I hereby release the Borough of Union Beach and its agents from all liability resulting from the furnishing of this information to the Borough of Union Beach.

I certify that the statements made by me on this form are true, complete and correct. I understand that any false statements made herein could void my consideration as a: Job Applicant, Volunteer, Vender, to obtain any License or Permit.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_