

BOROUGH OF OCEAN GATE
VENDOR PERMIT APPLICATION

APPLICATION NO. _____

NAME _____ ADDRESS _____

SOCIAL SECURITY # _____ TELEPHONE # _____

VETERAN: Y/N _____ PROOF _____

BUSINESS ADDRESS _____ TELEPHONE # _____

NATURE OF BUSINESS _____

MERCHANDISE TO BE SOLD _____

LICENSE EXPIRATION DATE: _____

VEHICLE: MAKE _____ MODEL _____ YEAR _____

DRIVER'S LIC. # _____ LIC. PLATE # _____

INSURANCE CO: _____ POLICY # _____

FLASHING RED LIGHTS: Y/N _____ STOP SIGN ON SIDE: Y/N _____

WHERE MERCHANDISE TO BE SOLD PURCHASED: _____

TWO (2) BANKING OR BUSINESS REFERENCES: _____

HAS APPLICANT BEEN CONVICTED OF VIOLATION OF AN ORDINANCE OR
CRIMINAL ACT: Y/N _____ IF YES, EXPLAIN _____

ATTACH COPY OF FOOD HANDLERS PERMIT AND/OR SANITARY
CERTIFICATION.

ATTACH TWO (2) 2"X"2 CURRENT PHOTOS OF APPLICANT.

THIS LICENSE IS NOT TRANSFERABLE.

OATH: I solemnly swear that the above information is complete and true to the best of my
knowledge.

DATE: _____ SIGNATURE: _____

Applicant agrees to comply with all requirements of sections 8 and 9 of Ordinance #250.

FEE: _____ DATE APPROVED/REJECTED: _____

OFFICIAL SIGNATURE: _____ TITLE: _____