BOROUGH OF UNION BEACH

Telephone: 732-264-2277 Fax: 732-264-1267

Municipal Building, 650 Poole Avenue
Union Beach, New Jersey 07735

APPLICATION CANVASSER/SOLICITOR/MOBILE VENDOR

LICENSE NO.: _____ **YEAR:**_____

Name of Applicant: _____

Business Name: _____

Address: _____

_____

Phone: _____

Email: _____

CHECKLIST FOR APPLICANT:

_____ Vendor's Application (2 copies)

_____ Driver's License

_____ Registration for EACH vehicle

_____ Proof of Insurance for EACH vehicle

_____ Background Check for owner & helper(s)

_____ Passport size photos (2) per helper

FEES COLLECTED:

____Application Fee: $10.00
(Canvasser / Solicitor)

____Application Fee: $100.00
(Mobile Vendor)

____Helper Fee: $10.00 ea. helper

Date: _____ Signature of Applicant:_____

Print Name of Applicant: _____

For Office Only:

Date received in the Clerk's Office: _____ By: _____

Date forwarded to UBPD for Background Investigation: _____ By:_____

Date Investigative report was returned : _____ By: _____

APPLICATION CANVASSER/SOLICITOR/MOBILE VENDOR

Please Check One: Canvasser _____ Solicitor _____ Mobile Vendor _____

Name & Address of applicant: _____

_____

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

Corporate Name & Address: _____

_____

Trade Name, Address & Phone Number. Name of business listed to be conducted under trade name.

Name: _____

Phone number: _____ Nature of Business: _____

Address: _____

Name, Address & Phone Number of owner of motor vehicle being used: _____

_____

Driver's License Number: _____

Make: _____ Model: _____ Year: _____ Plate #: _____

Name, Address & Phone Number of Insurance Company (including Agent):

_____

_____

_____

Policy Number: _____

Policy Period: _____ to _____. Coverage Amount: _____

Describe business/activity of applicant(s) and purpose:

_____

_____

Describe goods/materials, literature, or items to be sold:

_____

_____

Name(s), address(es), phone number(s) & age(s) of the persons that will be specifically engaged in the municipality & the dates & hours: (Under the age of 18, expect that this provision shall not apply to applicants who have complied with or come within the expectations of R.S. 34:2-1, et seq.)

1. _____

   _____

2. _____

   _____

3. _____

   _____

4. _____

   _____

5. _____

   _____

6. _____

   _____

(If additional room is needed, please use the back of this application & make the Borough aware)

Dates: _____ Hours: _____

BOROUGH OF UNION BEACH
POLICE DEPARTMENT

MATTHEW GAJEWSKI
Acting Captain / Officer in Charge

ADAM HUBENY
Director of Public Safety

Est. 1925

Trust
Belief
Accountability

Background Check

Position/Organization applying for: _____

Name: _____

Address: _____

Number of years at this address: _____ If less than 3 years, supply previous address:

_____

Phone Number: _____ Email: _____

Date of Birth: _____ SS# _____

Driver's License Number: _____ State: _____

Have you been convicted of a Crime/DP within the past ten (10) years? Yes _____ No _____
If yes, explain in detail:

_____

_____

_____

_____

_____

I hereby authorize the Borough of Union Beach to conduct a security background check on me. I understand that this background check may include, but is not limited to, a review of my criminal history, driving history, juvenile history, and employment records. I release the Borough of Union Beach and its agents from any and all liability arising from the furnishing or use of such information.

I certified that the statements provided by me on this form are true, complete, and correct. I understand that any false or misleading statements may result in the denial or revocation of my consideration as a job applicant, volunteer, vendor, or applicant for any license or permit.

Signature: _____ Date: _____