



MAURICE RIVER TOWNSHIP

# Application for Certificate of Registration

All requested information must be provided.

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

Phone No.: \_\_\_\_\_

**PERSONAL INFORMATION:**

Age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_

Marks: \_\_\_\_\_

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

\_\_\_\_\_

How long have you lived at this address? \_\_\_\_\_

Home address during the last three (3) years (if different than present):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**NAME & ADDRESS OF EMPLOYER OR FIRM YOU REPRESENT:**

\_\_\_\_\_

\_\_\_\_\_

Phone No.: \_\_\_\_\_

Name & Address of employers during the last three (3) years (if different than present): \_\_\_\_\_

\_\_\_\_\_

Phone No.: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone No.: \_\_\_\_\_

I hereby swear all information provided is true and accurate.  
\_\_\_\_\_  
Applicant Date

**For Office Use Only**  
Application No.: \_\_\_\_\_  
Renewal No.: \_\_\_\_\_  
 Valid Veteran's I.D. attached  
 Valid Peddler's License attached

**VENDING LOCATION:** \_\_\_\_\_

\_\_\_\_\_

(Must list address(es) where vending activity will take place. If not personally owned, written permission from property owner must be provided authorizing vending activities.)

\_\_\_\_\_

Describe in detail the nature of the vending you intend to do in Maurice River Township: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Intended length of time for vending: \_\_\_\_\_  
(Max. of 90 days)

**Have you ever applied for a Certificate of Registration in Maurice River Township?**  Yes  No

If yes, when: \_\_\_\_\_

**Has your Certificate of Registration ever been revoked in Maurice River Township?**  Yes  No

If yes, when: \_\_\_\_\_

**Have you ever been convicted of a felony in this or any other state?**

Yes  No  If yes, when and describe: \_\_\_\_\_

**THIS CERTIFICATE OF REGISTRATION IS VALID FOR A PERIOD OF 90 DAYS FROM DATE OF ISSUANCE.**

**NOTE: ANY APPLICATION DEEMED INCOMPLETE WILL NOT BE PROCESSED.**