

**PROCEDURE FOR APPLYING FOR A
SOLICITOR OR MOBILE (FOOD) VENDOR LICENSE**

**TOWNSHIP OF PARSIPPANY-TROY HILLS
Township Clerk's Office (973-263-4359)**

1. Complete the attached application form and submit it to the Township Clerk's Office with the \$100 fee (cash or check made payable to the Township of Parsippany-Troy Hills). A copy of your **NJ Sales Tax Certificate of Authority** must accompany the application, as well as **two passport size photographs**. Review the following sections of the Township Code: Chapter 195, *Distribution of Handbills*; §290-10, *Vending in Park and Recreational Areas*; and Chapter 296, *Peddling and Soliciting*.
2. All solicitors and mobile vendors must be fingerprinted as part of the criminal background check. Complete the Fingerprint Application Form and contact Morpho Trak (formerly known as Sagem Morpho, Inc.) to schedule an appointment. Morpho Trak may be reached at 1-877-503-5981 or you can visit the company's website at www.bioapplicant.com/nj. The fingerprinting fee is \$41.00.
3. If you are a mobile food vendor and plan to temporarily stop on privately owned property (see §296-6), submit a letter of permission from the **property owner**, with the owner's signature and printed name. The block and lot numbers of the property must be specified in the letter as well as the street address. Contact the Zoning Division at 973-263-4373 to confirm that the property is properly zoned for this activity. As a mobile food vendor, once the Police Department has issued its approval, you will be contacted and asked to schedule an appointment with the Township's Health Department (973-263-7160) for an inspection of your vehicle and the issuance of a Mobile Vendor Food Handler License.

Note: A business must complete and file Form NJ-REG (Business Registration Application) to register with the State to collect/remit New Jersey taxes such as sales tax or employee withholdings, and to obtain a New Jersey tax identification number. You can register a business online or file a paper application. For additional information on registering your business visit: <http://www.state.nj.us/treasury/revenue/gettingregistered.htm>

Solicitor and Mobile Vendor Licenses expire December 31st and are subject to renewal in the following year.

CHECK LIST:	<input type="checkbox"/>	Application and \$100 fee
	<input type="checkbox"/>	Copy of NJ Sales Tax Certificate of Authority
	<input type="checkbox"/>	Two (2) photographs
If applicable:	<input type="checkbox"/>	Copy of valid Vehicle Registration
	<input type="checkbox"/>	Copy of valid Driver's License
	<input type="checkbox"/>	Credentials establishing relationship with firm
If mobile food vendor:	<input type="checkbox"/>	Signed Acknowledgment Form
	<input type="checkbox"/>	Written permission from property owner to temporarily stop on <u>private property</u> to sell to the general public, if applicable

TOWNSHIP OF PARSIPPANY-TROY HILLS

**MOBILE VENDOR/SOLICITOR
LICENSE APPLICATION FOR THE YEAR 20__**

\$100.00 FEE – NON-REFUNDABLE

FOR MUNICIPAL USE ONLY

Prepaid: _____ Date Filed: _____ Application No. _____

New _____ Renewal _____

Fee: Cash _____ Check _____

Copy of NJ Sales Tax Certificate of Authority

Copy of Valid Registration for each vehicle being used N/A

Copy of Valid Driver's License N/A

Signed Acknowledgment (Mobile Food Vendor) N/A

Credentials Establishing Relationship with Firm N/A

Approvals: Assessing _____ Zoning _____ Health _____

Police _____

License No. _____ Date Issued _____

INSTRUCTIONS:

COMPLETE ALL ITEMS - IF NOT APPLICABLE, SPECIFY WITH "N/A"- PLEASE PRINT

1. Name of Applicant (Individual's Name): _____

Residence: _____

Number of years at present address: _____

If less than 5 years at present address, indicate former address, include zip code:

Date of Birth: _____ Social Security No.: _____

Home Telephone Number: _____ check if unlisted number

Work Telephone No: _____

Do you have a valid N.J. Driver's License with your current address? Yes No

Driver's License No: _____

Date Driver's License Expires: _____

State Veteran's License No., If Applicable: _____

2. Name and Address of Company Represented By Vendor: _____

Trade Name, if applicable: _____

If Corporation, Name and Address of Registered Agent: _____

Telephone Number of Company: _____

Submittal of Credentials Establishing Relationship with Firm: Yes No

3. Describe Nature of Business: _____
Specify Goods or Services to be Sold or Contracted For: _____

4. Area of Operation: _____

5. When will the licensed activity be conducted?

Days of Week: _____

Hours of Operation: _____

6. Will you be using a vehicle in connection with mobile vending or soliciting? Yes No

If **YES**, and you are a mobile food vendor, please proceed to Question 7.

If **YES**, and you are soliciting (other than mobile food vendor), complete the following:

Vehicle Description:

Make: _____ Model: _____ Year: _____

License Plate Number: _____

Name on Vehicle: _____

(If more than one vehicle will be used, please check and provide specific information for each vehicle)

7. Mobile (Food) Vendor: Yes No

If Yes, Indicate Vehicle To Be Used:

Make: _____ Model: _____ Year: _____

License Plate No.: _____

Name On Vehicle: _____

*Will You Temporarily Stop Your Vehicle on Private Property? Yes No

If Yes, Specify:

Street Address: _____

Block: _____ Lot: _____

Name And Address of Property Owner: _____

(Written permission of property owner must be submitted with application)

If you will be temporarily stopping on more than one property, you must provide information relative to each property and permission from each property owner.

*Catering Type Vehicles that are **invited** by companies and other entities to sell food products to their employees only, and **not to the general public**, are not required to complete this section.

8. List **All** Other Municipalities in Which You Have Held or Currently Hold a Solicitor's License:

9. References (Not Related To You) - Submit At Least 2 with Their Complete
Addresses and Telephone Numbers

- (1) Name: _____
Address: _____
Telephone Number: _____
- (2) Name: _____
Address: _____
Telephone Number: _____
- (3) Name: _____
Address: _____
Telephone Number: _____

10. List Any Arrests Or Convictions (Motor Vehicle, Criminal, Or Local Ordinances)

- | | |
|------------------------|------------------------|
| Violation: _____ | Violation: _____ |
| Date: _____ | Date: _____ |
| Municipality: _____ | Municipality: _____ |
| State: _____ | State: _____ |
| Penalty Imposed: _____ | Penalty Imposed: _____ |

Attach Additional Information, If Necessary

11. Physical Description:

- Sex: Male Female Height: _____ Weight: _____
Race: _____ Color of Hair: _____ Color of Eyes: _____
Date of Birth: _____ Age: _____

12. Former Employers and Addresses (Submit 2)

- (1) _____
(2) _____

Upon my oath or affirmation, I certify that all information provided in this application is true. I further certify that I am familiar with Chapter 195, *Distribution of Handbills*; §290-10, *Vending in Park and Recreational Areas*; and Chapter 296, *Peddling and Soliciting* of the Code of the Township of Parsippany-Troy Hills.

Sworn and Subscribed to Before Me Signature: _____

This _____ Day of _____, 20 ____.
_____ Print Name: _____

_____ Date: _____
My Commission Expires: _____