

**BOROUGH OF ROCKLEIGH, ROCKLEIGH, NEW JERSEY  
APPLICATION FOR PEDDLER/SOLICITOR/TRANSIENT MERCHANT**

**APPLICATION WILL NOT BE CONSIDERED ACCEPTABLE UNLESS SUBMITTED THIRTY (30) DAYS IN ADVANCE OF REQUESTED DATE.**

NAME OF APPLICANT: \_\_\_\_\_  
BUSINESS ADDRESS OF APPLICANT \_\_\_\_\_

\_\_\_\_\_

NAME(S) AND ADDRESS (ES) OF REGISTERED AGENT (CORPORATIONS ONLY, PARTNER (PARTNERSHIP) ONLY OR OFFICER:

\_\_\_\_\_

\_\_\_\_\_

DATES, TIMES AND LOCATION AT WHICH BUSINESS WILL BE CONDUCTED:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

DESCRIPTION OF PROPOSED ACTIVITY:

\_\_\_\_\_

\_\_\_\_\_

THE NAME, ADDRESS, SOCIAL SECURITY NUMBER AND CAPACITY OF THE PERSON HAVING MANAGEMENT OR SUPERVISION OF APPLICANT'S BUSINESS DURING THE TIME IT WILL BE CARRIED ON WITHIN THE BOROUGH OF ROCKLEIGH.

\_\_\_\_\_

\_\_\_\_\_

**STATE WHETHER THE PERSON(S) HAVING THE MANAGEMENT OR SUPERVISION OF THE APPLICANTS BUSINESS AND THEIR EMPLOYEES HAVE BEEN CONVICTED OF A CRIME, MISDEMEANOR OR VIOLATION OF ANY OF THE MUNICIPAL ORDINANCES EITHER IN BOROUGH OF ROCKLEIGH OR SOME OTHER MUNICIPALITY. IF THE ANSWER IS "YES" GIVE THE NATURE OF EACH OFFENSE, THE PLACE WHERE EACH OFFENSE OCCUR AND THE PUNISHMENT ASSIGNED THEREFOR.**

AGE OF APPLICANT: \_\_\_\_\_ HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_

COLOR OF EYES: \_\_\_\_\_ HAIR: \_\_\_\_\_ BUILD: \_\_\_\_\_

GLASSES: \_\_\_\_\_

NAMES AND ADDRESS OF PLACE AT WHICH THE SUBJECT TRANSIENT BUSINESS WAS CONDUCTED WITHIN THE LAST SIX (6) MONTHS:

\_\_\_\_\_

\_\_\_\_\_

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