

Permit No. \_\_\_\_\_  
Issued \_\_\_\_\_  
Fee \_\_\_\_\_

**ELIZABETH TOWNSHIP**

**Application for Peddling**

Name \_\_\_\_\_ Address \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_

Criminal Record Y \_\_\_ N \_\_\_ (IF YES ATTACH SEPARATE SHEET WITH DESCRIPTION)

Owner's Name \_\_\_\_\_ Address \_\_\_\_\_

Business Name \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_ Type of Goods \_\_\_\_\_

Length of Time for Permit \_\_\_\_\_

Type of Vehicle: Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_ Color \_\_\_\_\_

License No. \_\_\_\_\_ State \_\_\_\_\_

Name                      DoB                      SS#                      Address                      Phone

Helpers \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Criminal Record: Y \_\_\_ N \_\_\_ (IF YES ATTACH SEPARATE SHEET WITH DESCRIPTION)                      Foot Peddler \_\_\_\_\_

Fee \_\_\_\_\_                      Vehicle \_\_\_\_\_

9:00 a.m. to 7:00 p.m. Monday through Saturday.

There will be no solicitation on Sundays or any legal holiday.

*THE APPLICANT HEREBY AGREES TO COMPLY WITH THE PROVISIONS OF ALL LAWS AND ORDINANCES REGULATING THIS PERMIT IN THE TOWNSHIP OF ELIZABETH.*

Applicant's Signature \_\_\_\_\_

Please allow 24hrs for performing background checks  
Falsification or Omission of any information on this document is reason to deny permit.