

TOWNSHIP OF LONG BEACH

6805 Long Beach Blvd.
Brant Beach, NJ 08008
609-361-1000

ICE CREAM VENDOR INSTRUCTION SHEET

1. Application (in duplicate), Veteran's I.D. (if applicable), and fees (Peddler's or Hawker's License if applicable, and Vehicle Operator Investigation), must be filed with the Municipal Clerk no later than March 1, 2010 or the first business day thereafter.
 2. Applicant must submit application and fee for SBI investigation to the Police Department Detective Bureau.
 3. Applicant must apply and pay fee to Long Beach Island Health Dept. for inspection / permit.
 4. Applicant must schedule appointment with the *Long Beach Township Traffic Safety Officer for vehicle inspection.
- * Identification badges, vehicle decal, and Ice Cream Vending Permits will be issued by the Police Department when the above items are in compliance.



ICE CREAM VENDOR: PEDACYCLE
APPLICATION REQUIREMENT CHECKLIST

Applicant Requirements:

1. Two (2) completed application forms with two (2) original signatures.
2. Two (2) photos (no bigger than 1" X 1").
3. Two (2) copies of valid Driver's License
4. Two (2) copies of current Sales Tax Certificate.
5. Two (2) original Certificates of Insurance: Liability minimum of \$500,000
6. Three (3) checks as follows: \$900.00 made payable to Long Beach Township, \$18.00 made payable to N.J. Division of State Police – S.B.I., and \$35.00 made payable to the LBI Board of Health.
7. One (1) completed statement of ownership form.
8. One (1) completed Corporate Principal form.

*Relief Driver Requirements:

1. Two (2) completed application forms with two (2) original signatures.
2. Two (2) photos (no bigger than 1" X 1").
3. Two (2) copies of valid Driver's License.
4. Check for \$100.00 payable to Long Beach Township.
5. Check for \$18.00 payable to NJ Division of State Police – S.B.I.

*Vendors licensed as veterans may not have a relief driver.

3. **BUSINESS NAME:** _____
BUSINESS OWNER'S NAME: _____
BUSINESS ADDRESS: _____

CORPORATION'S REGISTERED AGENT: _____

APPLICANT'S POSITION: _____

4. **DATES OF OPERATION: FROM** _____ **TO:** _____

DAYS OF OPERATION: SUN MON TUES WED THUR FRI SAT

No soliciting or canvassing shall be conducted before 9:00 A.M. and no later than 8:00 P.M. (Vending may be conducted until 11 P.M. on July 4th during fireworks displays.)

HOURS OF OPERATION: FROM: _____ **TO:** _____

5. **LOCATION(S) OF OPERATION:** _____

6. **PROPOSED METHOD OR DELIVERY/SALE OF PRODUCT:**

7. **NJ SALES TAX CERTIFICATE #:** _____

CERTIFICATE ISSUED TO: _____

(Note—current certification **MUST** be submitted at filing of application.)

8. A statement as to whether or not the applicant has ever been convicted of any crime in this State or any other state, the nature of the offense and the punishment of penalty assessed therefore; if **NONE**, so state:

9. Attach two (2) photographs of the applicant taken within sixty (60) days immediately prior to the date of filing this application which picture shall be 1" x 1" showing the head and shoulders of the applicant in a clean and distinguishing manner.

10. Set forth the names of at least two reliable property owners of the County of Ocean and the State of New Jersey, who will certify as to the applicant's good character and business respectability, or, in lieu of the names of references, such other available evidence as to the good character and business responsibility.

1. _____

2. _____

I HEREBY CERTIFY that the foregoing statements made by me in this application are true, complete and correct to the best of my knowledge and belief, and are made in good faith.

Applicant's Signature

Date

SECTION II: VEHICLE OPERATOR INVESTIGATION AND LICENSE APPLICATION - \$900.00 FEE – MUST BE FILED IN DUPLICATE.

1. OWNERS NAME: _____

ADDRESS: (LOCAL) _____

PERMANENT: _____

DESCRIPTION OF VEHICLE: _____

2. DRIVERS LICENSE #: _____

STATE: _____ INSURANCE CO: _____

POLICY NO: _____

ARE YOUR DRIVING PRIVILEGES REVOKED IN THIS OR ANY OTHER STATE? YES NO

NOTE: THE FOLLOWING MUST BE SHOWN AT TIME OF APPLICATION:

- a. Driver License
- b. Certificate of Insurance

I HEREBY CERTIFY the foregoing statements made by me in this section of the application are true, complete and correct to the best of my knowledge and belief, and are made in good faith. The undersigned hereby authorizes the release of any information necessary in order for a proper investigation to be performed on his/her behalf.

Applicant's Signature

Date

CERTIFICATE OF CORPORATE PRINCIPAL

I, _____, certify that I am the
Name

_____ of the Corporation named
Title

as Principal in the within document; that _____
Name

who signed the said application on behalf of the Principal was then the

_____ of said corporation, that I know his
Title

signature, and his signature thereto is genuine; and that said bond was duly signed, sealed, and attested to for and in behalf of said corporation by authority of this governing body.

Corporate Seal

Date

Signature

Title

STATEMENT OF OWNERSHIP

In conformance with Chapter 33 of the Public Laws of 1977, the following listing represents the names and address of all stockholders in the bidding corporation or partnership who own ten percent or more of its stock of any class, or of all individual partners in the partnership who own a ten percent or greater interest therein.

Name: _____

Address: _____

Name: _____

Address: _____

Name: _____

Address: _____

Name: _____

Address: _____

Name: _____

Address: _____

Name: _____

Address: _____

Name: _____

Address: _____

Name: _____

Address: _____