

**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, 2012 or the next 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: MOTORIZED**  
**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) each current Certificates of Insurance: Automobile and Liability
6. Two (2) copies of valid vehicle registration.
7. Three (3) checks as follows: \$5,000.00 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.
8. One (1) copy of vehicle lease, if not owned by applicant.
9. One (1) completed statement of ownership form.
10. 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.

**\*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 4<sup>th</sup> 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: MOTOR VEHICLE LICENSE / INVESTIGATION APPLICATION**

1. VEHICLE OWNERS NAME: \_\_\_\_\_  
ADDRESS: (LOCAL) \_\_\_\_\_  
\_\_\_\_\_  
PERMANENT: \_\_\_\_\_  
\_\_\_\_\_

IF LEASED, A COPY OF LEASE AGREEMENT MUST BE ATTACHED TO APPLICATION.

2. VIN #: \_\_\_\_\_ PLATE #: \_\_\_\_\_  
STATE: \_\_\_\_\_ TRUCK#: \_\_\_\_\_  
DESCRIPTION OF VEHICLE: \_\_\_\_\_

3. 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. Vehicle registration and insurance card
- c. 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: \_\_\_\_\_