

**TOWNSHIP OF LONG BEACH**

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

**VETERAN**

**ICE CREAM VENDOR INSTRUCTION SHEET**

1. Application (in duplicate), Veteran's I.D. and fee for Motor Vehicle Operator Investigation, must be filed with the Municipal Clerk.
  2. Applicant must complete application and fee for SBI investigation at <https://njportal.com/njsp/criminalrecords/> (Directions Attached)
  3. Applicant must apply and pay fee to Long Beach Island Health Dept. for inspection / food handler's 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:VETERAN**  
**APPLICATION REQUIREMENT CHECKLIST**

Applicant Requirements:

1. Two (2) completed application forms with two (2) original signatures.
2. Two (2) copies of Veteran's ID Card.
3. Photo ID will be prepared by the Police Department
4. Two (2) copies of valid Driver's License
5. Two (2) copies of current Sales Tax Certificate.
6. Two (2) each current Certificate of Insurance: Automobile and Liability
7. Two (2) copies of valid vehicle registration.
8. Three (2) checks as follows: \$300.00 made payable to Long Beach and \$35.00 made payable to the LBI Board of Health.
9. Complete the required SBI background investigation application online at <https://njportal.com/njsp/criminalrecords/> ( Directions Attached)
10. One (1) copy of vehicle lease, if not owned by applicant.
11. One (1) completed statement of ownership form.
12. One (1) completed Corporate Principal form.

\*Relief Driver Requirements:

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

**TOWNSHIP OF LONG BEACH**  
**ICE CREAM VENDOR: VETERAN'S APPLICATION - FY 2018**

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Veterans ID #: \_\_\_\_\_ County Issued: \_\_\_\_\_  
 Date Issued: \_\_\_\_\_ Copy of ID attached: \_\_\_\_\_

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Application Date: \_\_\_\_\_ Granted / Denied \_\_\_\_\_  
 License #: \_\_\_\_\_ License Fees: \_\_\_\_\_

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**Instructions: Application must be filed in duplicate with original signatures on both copies.**

Pursuant to Ordinance No. 97-16C and any amendments or supplements thereto, I the undersigned hereby make application for a permit and license as indicated below:

x	PERMIT / LICENSE	FEE
	Peddler's or Hawker's LICENSE	waived
	Motor Vehicle Operator INVESTIGATION (Payable to Long Beach Township)	\$300.00
	BACKGROUND CHECK (Complete online application at <a href="https://njportal.com/njsp/criminalrecords/">https://njportal.com/njsp/criminalrecords/</a> (Directions attached)	\$20.00
	L.B.I. Health Department INSPECTION / PERMIT (SUBMIT TO: LBI HEALTH DEPT, 9306 Long Bch Blvd.)	\$35.00

**DESIGNATED DRIVER INFORMATION (must be veteran) - PLEASE PRINT**

**\*\*NOTICE\*\* Licensees MUST wear their identification badge on the front of their outer garments in such a way as to be conspicuous while engaged in soliciting, canvassing, hawking or peddling.**

1. NAME: \_\_\_\_\_  
(Last) (First) (Middle)

DATE & PLACE OF BIRTH: \_\_\_\_\_

SEX: \_\_\_\_\_ HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_

EYE COLOR: \_\_\_\_\_ HAIR COLOR: \_\_\_\_\_

PERMANENT ADDRESS: \_\_\_\_\_

TELEPHONE #: \_\_\_\_\_

CELL#: \_\_\_\_\_

LOCAL ADDRESS: \_\_\_\_\_

TELEPHONE #: \_\_\_\_\_

2. Brief description of the nature of the business and the goods to be sold, and, in the case of products of farm or orchard, whether produced or grown by the applicant:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

3. BUSINESS OWNER'S NAME: \_\_\_\_\_  
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. Photo ID will be prepared by the Police Department.

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 -  
\$300.00 FEE.**

1. VEHICLE OWNERS NAME: \_\_\_\_\_

ADDRESS: (LOCAL) \_\_\_\_\_

PERMANENT: \_\_\_\_\_

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

2. REGISTRATION #: \_\_\_\_\_ 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 and Veteran's Identification Card
- 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: \_\_\_\_\_

Long Beach Township  
Police Department  
6805 Long Beach Boulevard  
Brant Beach, New Jersey 08008



Emergency 9-1-1  
Non-Emergency  
609-494-3322  
Fax: 609-494-6504

### **Long Beach Township Police Department Instructions for Background Investigations for Local Ordinance Purposes**

- 1.** Obtain and complete the initial application with the Township and or Borough Clerks Office, making sure all information provided is current and correct. Sign and date where indicated on the application
- 2.** Move on to step 3 after obtaining the application. Do not wait for a clearance from the Clerk's office.
- 3.** Log on to <https://www.njportal.com/njsp/criminalrecords/> and click on the **ONLINE FORM 212A**, a highlighted block located on the lower left side of the page. You will need the **ORI number** which is **NJ0151700**, then follow the prompts for demographic and payment information. A \$20.00 filing fee is required to complete the online process. For **"Reason for Filing Request"** select **"Local Ordinance"**. Upon completion of the form you will receive an email Confirmation & Receipt that will include a confirmation number. You can find more detailed information by clicking on the **Help Tab**, located on the top right side of the page.
- 4.** Contact **Ptl. Neil Rojas** by email at **NRojas@lbtpd.org** to advise of the online background submission. When emailing please provide the full name and date of birth of the person submitting the background information for a motor vehicle check as well as the company you intend on working for. This information should be emailed immediately following your background submission to the New Jersey State Police. NJSP will then contact me by email to advise the clearance status of the background submission. Any questions regarding any portion of this process please contact me in the same manner.

*Thank you in advance for your cooperation and compliance during the background process.*  
**Ptl. Neil Rojas #408**