

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 decals, 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 Administration
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. Two (2) checks as follows: \$300.00 made payable to Long Beach and \$50.00 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 Authorized Agent 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 2019

Veterans ID #: _____ County Issued: _____
Date Issued: _____ Copy of ID attached: _____

Application Date: _____ License #: _____

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

Pursuant to Ch. 195 of the Municipal Code in the Township of Long Beach, 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 https://njportal.com/njsp/criminalrecords/ (Directions attached	\$20.00
	L.B.I. Health Department INSPECTION / PERMIT (SUBMIT TO: LBI HEALTH DEPT, 2119 Long Bch Blvd. Ship Bottom)	\$50.00

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)

PERMANENT ADDRESS: _____

TELEPHONE #: _____

CELL#: _____

LOCAL ADDRESS: _____

TELEPHONE #: _____

EMAIL: _____

2. BUSINESS NAME: _____

BUSINESS OWNER'S NAME: _____

BUSINESS ADDRESS: _____

TELEPHONE: _____

EMAIL: _____

CORPORATION'S REGISTERED AGENT: _____

APPLICANT'S POSITION: _____

3. NJ SALES TAX CERTIFICATE #: _____

CERTIFICATE ISSUED TO: _____

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

*Vending may take place seven days a week and no soliciting or canvassing shall be conducted before 9:00 A.M. and no later than 9:00 P.M.

Photo ID will be prepared by Long Beach Twp. Administration, please provide a clear, passport size photograph.

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) _____

TELEPHONE #: _____
EMAIL: _____

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

CERTIFICATION: Authorized Business Agent

AUTHORITY TO SUBMIT BID ON BEHALF OF THE BUSINESS ORGANIZATION

I, _____, certify that I am the _____
Name Title

of the Corporation, Limited Liability Corporation, Partnership, or Sole Proprietorship and named
as Principal in the within bid; and I certify that _____, who
Name

signed the bid on behalf of the Principal was then the _____
Title

of said corporation, that I know his or her signature, and his/ her signature thereto is genuine;
and that said bid was duly signed, sealed, and attested to for and on behalf of said Business
Organization by authority of the Owner(s) / Managing Member(s).

Date

Corporate Seal

Name: _____
Signature

Name: _____
Printed

Title: _____

Business Organization Name: _____

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*