

**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, 2022.
  2. Applicant must submit application and fee for SBI background investigation application online at <https://njportal.com/njsp/criminalrecords/> ( Directions Attached)
  3. Applicant must apply and pay fee to Long Beach Island Health Dept. for inspection / permit for motorized vehicle and food vending cooler unit.
  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: MOTORIZED**  
**APPLICATION REQUIREMENT CHECKLIST**

**Applicant Requirements:**

1. Two (2) completed application forms with two (2) original signatures.
2. Photo ID will be prepared by administration, please provide a clear, passport size, photograph to be used for this (picture can be emailed to dlavalle@longbeachtownship.com).
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. Two (2) checks as follows: \$5,000.00 made payable to Long Beach Township, and \$50.00 made payable to the LBI Board of Health.
8. Complete the required SBI Background Investigation Application online at <https://njportal.com/njsp/criminalrecords/> (Directions Attached)
9. One (1) copy of vehicle lease, if not owned by applicant.
10. One (1) completed Statement of Ownership form.
11. One (1) completed Authorized Agent form.

**\*Relief Driver/Foot Vendor Requirements:**

1. Two (2) completed application forms with two (2) original signatures.
2. Photo ID will be prepared by administration, please provide a clear, passport size, photograph to be used for this.
3. Two (2) copies of valid Driver's License or photo id.
4. Check for \$100.00 payable to Long Beach Township.

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

**TOWNSHIP OF LONG BEACH**  
**ICE CREAM VENDOR: MOTORIZED APPLICATION - FY 2022**

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 (Payable to Long Beach Township)	\$5,000.00
	BACKGROUND CHECK (Log on to <a href="https://www.njportal.com/njsp/criminalrecords/">https://www.njportal.com/njsp/criminalrecords/</a> (Directions Attached)	\$20.00
	L.B.I. Health Department INSPECTION/PERMIT (vehicle or apparatus) (SUBMIT TO: LBI HEALTH DEPT, 2119 Long Bch Blvd. Ship Bottom)	\$50.00

**DESIGNATED DRIVER INFORMATION - 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 AUTHORIZED AGENT: \_\_\_\_\_

APPLICANT'S POSITION: \_\_\_\_\_

3. NJ SALES TAX CERTIFICATE #: \_\_\_\_\_

CERTIFICATE ISSUED TO: \_\_\_\_\_

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

4. 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:

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

\*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

\_\_\_\_\_  
Applicant's Name Printed

**SECTION II: MOTOR VEHICLE LICENSE / INVESTIGATION APPLICATION**

**VEHICLE OWNERS NAME:** \_\_\_\_\_

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

**(PERMANENT):**

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

**EMAIL:** \_\_\_\_\_

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

**VIN #:** \_\_\_\_\_ **PLATE #:** \_\_\_\_\_

**STATE:** \_\_\_\_\_ **TRUCK#:** \_\_\_\_\_

**DESCRIPTION OF VEHICLE:** \_\_\_\_\_

**DRIVERS LICENSE #:** \_\_\_\_\_

**STATE:** \_\_\_\_\_ **INSURANCE CO:** \_\_\_\_\_

**POLICY NO:** \_\_\_\_\_

**ARE YOUR DRIVING PRIVILEGES REVOKED IN THIS OR ANY OTHER STATE?**

**YES                      NO**

**NOTE: A COPY OF THE FOLLOWING MUST BE HANDED IN 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**

\_\_\_\_\_  
**Applicant's Name Printed**

**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***