

**ICE CREAM VENDOR: MOTORIZED RELIEF DRIVER/FOOT VENDOR
APPLICATION REQUIREMENT CHECKLIST**

*Relief Driver/Foot Vendor Requirements:

1. Two (2) completed application forms with two (2) original signatures.
2. Photo ID will be prepared by Administration
3. Two (2) copies of valid Driver's License, or photo ID
4. Check for \$100.00 payable to Long Beach Township.
5. Complete the required SBI background investigation application online at <https://njportal.com/njsp/criminalrecords/> (Directions Attached)

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

TOWNSHIP OF LONG BEACH
ICE CREAM VENDOR RELIEF DRIVER/FOOT VENDOR APPLICATION - FY 2022

Vendor's Name: _____

Relief Vendor's Name: _____

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)	\$100.00
	BACKGROUND CHECK (Complete online at https://njportal.com/njsp/criminalrecords/ Directions attached .)	\$20.00

RELIEF DRIVER/FOOT VENDOR 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 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.

SECTION II: MOTOR VEHICLE LICENSE / INVESTIGATION APPLICATION

1. DRIVERS NAME: _____
ADDRESS: (LOCAL) _____

DRIVERS LICENSE #: _____
STATE: _____
INSURANCE CO.: _____
POLICY NO.: _____

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

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

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