



City of Plainfield  
Office of the City Clerk  
515 Watchung Avenue  
Plainfield, NJ 07060  
908-753-3222

License No: \_\_\_\_\_

Paid: \_\_\_\_\_

Date: \_\_\_\_\_

## PEDDLER PERMIT APPLICATION

Pursuant to the City of Plainfield Code, Chapter 9:7-1 through 7-14: A peddler, peddler's assistant, food peddler, or ice cream peddler who sells or offers for sale any goods, wares, or merchandise must be licensed. A peddler is one who goes from house to house or place to place, carrying goods for the purpose of selling and delivering them to purchasers or who offers services from door to door. A peddler's assistant is anyone who engages in the business of peddling from a licensed vehicle but who is not the owner or lessee of the vehicle. A food peddler is a peddler whose activities are limited solely to the sale or distribution of food items from a truck, van, cart, or other types of vehicle. An ice cream peddler is a food peddler whose wares are limited solely to ice cream, ices, and similar products.

If a peddler operates more than one (1) vehicle for peddling, a separate license shall be obtained for each vehicle.

Every person on it shall be licensed as an assistant. No more than two licensees shall operate from one vehicle. Any person upon or with a licensed vehicle, if not the owner or lessee of the vehicle, may be licensed as a peddler's assistant. No more than two (2) licensees shall be allowed on any one (1) vehicle.

The undersigned hereby makes an application for a license to carry on the business as: **(Please check all that apply)**

☐ Peddler/Vendor Operator    ☐ Peddler/Vendor Assistant

☐ One-Day Permit **\$25.00**    ☐ Annual Permit **\$255.00**

☐ With Automobile    ☐ With Hand Cart    ☐ On Foot, Without a Wheeled Vehicle

☐ Food Truck/Food Trailer One-Day Permit Plainfield Business **\$50.00**    Other: **\$100.00**

☐ Food Truck/Food Trailer Annual Permit **\$1,000.00**

☐ Other (specify) \$ \_\_\_\_\_

Date(s): \_\_\_\_\_

Applicant Name: \_\_\_\_\_ D.O. B. \_\_\_\_\_

Address: \_\_\_\_\_ Email Address: \_\_\_\_\_

Telephone No: \_\_\_\_\_ Business Phone No: \_\_\_\_\_

Name & Address of Nearest Relative: \_\_\_\_\_

Name & Address of Sources from Which Goods are Sold: \_\_\_\_\_

\_\_\_\_\_

Three (3) References **No Relatives** (Name, Address & Telephone No. 's): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Place(s) of Residence for the past Three (3) Years: \_\_\_\_\_

\_\_\_\_\_

Name & Address of Business Owner: \_\_\_\_\_

Name & Address of Vehicle Owner: \_\_\_\_\_

Vehicle Description: Plate No. \_\_\_\_\_ Year and Make: \_\_\_\_\_

Driver's License No. \_\_\_\_\_

Description of Goods to be Sold (**Be Specific**): \_\_\_\_\_

\_\_\_\_\_

Location Where Goods are to be Sold (**Be Specific**): \_\_\_\_\_

Have you ever been arrested for any misdemeanor or other crime? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Social Security No. \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_ Age: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_

Tattoos/Scar/Amputations: \_\_\_\_\_

The facts set forth in this application are true and complete. I understand that false statements on this application shall be considered sufficient cause for denial, suspension, or revocation of my license. I also understand that if any of the statements made are false, I may be subject to criminal prosecution under the laws of the State of New Jersey. I hereby agree to abide by and accept all the terms, conditions, limitations, and restrictions contained in the Plainfield ordinances.

Applicants Signature: \_\_\_\_\_

☐ Approved ☐ Denied

☐ Approved ☐ Denied

\_\_\_\_\_ Date: \_\_\_\_\_

Municipal Clerk Signature

\_\_\_\_\_ Date: \_\_\_\_\_

Police Director Signature

**\*\*\*Note: First Time Applicants are required to get Fingerprinted\*\*\***