



Borough of Magnolia

438 West Evesham Avenue • Magnolia, New Jersey 08049

Borough Hall: (856) 783-1520 Fax: (856) 783-0782

www.magnolia-nj.org

LICENSE APPLICATION FOR VENDOR, SOLICITOR, OR SEASONAL VENDING APPLICATION NOT TRANSFERRABLE

TODAY'S DATE: _____

FEE: \$ _____

NAME: _____

PHONE NUMBER: _____

ADDRESS: _____

DATE OF BIRTH: _____

DRIVERS LICENSE: _____

SOCIAL SECURITY #: _____

COMPANY OR FIRM: _____

ADDRESS: _____

NATURE OF BUSINESS: _____

VEHICLE DESCRIPTION: _____

LICENSE PLATE #: _____

PRESENT LOCATION OF GOODS OR PROPERTY TO BE SOLD, MANUFACTURED, OR PRODUCED:

METHOD OF DELIVERY: _____

TWO BUSINESS REFERENCES:

1. NAME: _____

PHONE NUMBER: _____

2. NAME: _____

PHONE NUMBER: _____



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HAVE YOU EVER BEEN CONVICTED OF ANY CRIME OR MISDEMEANOR, OR VIOLATED ANY BOROUGH ORDINANCE?

NATURE OF OFFENSE: _____

PUNISHMENT ASSESSED: _____

STATE OF _____

COUNTY OF _____

_____ OF FULL AGE, BEING DULY SWORN ACCORDING TO LAW,
(APPLICANT)

ON OATH DEPOSES AND SAYS:

I AM THE APPLICANT IN THE FORGOING APPLICATION. THE MATTERS AND THINGS CONTAINED THERIN ARE TRUE.

APPLICANT SIGNATURE

State of _____

County of _____

Subscribed and Sworn to before me this _____ day of _____ 20_____.

Notary Signature



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AUTHORIZATION FOR CRIMINAL BACKGROUND CHECK

I understand that the Borough of Magnolia New Jersey Police Department will conduct a criminal background check about me for the purpose of issuing a Solicitor/Peddler/Canvasser permit. By signing the Acknowledgement and Authorization, I authorize the Borough of Magnolia Police Department to access such information as may be necessary to complete a criminal background check regarding me. I release from liability all persons and entities supplying such information. I indemnify the Borough of Magnolia Police Department against any liability which may result from making such requests. I believe to the best of my knowledge that all information provided below is accurate, true and correct, and that I fully understand the terms of this Acknowledgement and Authorization.

Name: _____

Current Address: _____

Social Security Number: _____

Date of Birth: _____

Sex: _____

Signature: _____

Date: _____