



## Borough of Lavallette Application for Vendor License

*Please print all Information:*

Date: \_\_\_\_\_ SS#: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Number Street City State Zip

Number of years at this address: \_\_\_\_\_ If less than 3 years, supply previous address

Address: \_\_\_\_\_  
Number Street City State Zip

US Citizen: Yes \_\_\_ No \_\_\_ Date of Birth: \_\_\_\_\_ Male \_\_\_ Female \_\_\_

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_

Have you been convicted of a crime within the past ten (10) years? Yes \_\_\_ No \_\_\_  
If yes, explain in detail:

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Name and address of the owner of the vehicle as registered with the NJ Division of Motor Vehicles.

Name: \_\_\_\_\_ Tel #: \_\_\_\_\_

Address: \_\_\_\_\_  
Number Street City State Zip

Description of said vehicle to be licensed:

Make of Vehicle: \_\_\_\_\_ Year: \_\_\_\_\_

License Plate #: \_\_\_\_\_ Vin #: \_\_\_\_\_

Markings on Vehicle: \_\_\_\_\_  
(company name, etc)

Are you the owner of the vehicle? YES \_\_\_ NO \_\_\_

Are you the operator of the vehicle? YES \_\_\_ NO \_\_\_

Three Business References:

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Number Street City State Zip

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Number Street City State Zip

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Number Street City State Zip

Is the applicant the holder of a Veteran's License (NJS 45:24-9) YES \_\_\_ NO \_\_\_  
If yes, Attach a photo copy of said License.

Person to be notified in case of an emergency:

Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Address: \_\_\_\_\_  
Number Street City State Zip

Does any person, firm or corporation, other than the applicant have any interest whatsoever in the vehicle sought to be licensed to engage in the business defined herein YES \_\_\_ NO \_\_\_

If yes:

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Number Street City State Zip

Type of Products to be sold: \_\_\_\_\_

Suppliers for vended items:

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Number Street City State Zip

If additional space is needed, use the back of this page.

I hereby certify that I have read and am familiar with the vending code of the Borough of Lavallette. I have carefully completed this application, will sign and verify it and pay the prescribed licensing fee to the Municipal Clerk at such time that the application is filed.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

Approve by the Lavallette Police Department and submitted to the Municipal Clerk.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Chief of Police

Approved by the Administration Office, Borough of Lavallette upon payment of licensing fee of  
\$ \_\_\_\_\_.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Municipal Clerk

Completed copy of Application filed with the Police Department.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Issuing Authority

Applications will be accepted between January 1 and March 31

**Mail Application to:**  
Lavallette Police Department  
1306 Grand Central Avenue  
Lavallette, NJ 08735  
Attention: Records

## PAPER WORK TO ACCOMPANY APPLICATION

1. COMPLETED APPLICATION
2. DRIVER'S LICENSE
3. VEHICLE REGISTRATION
4. INSURANCE CARD
5. VETERAN ID (IF APPLICABLE)
6. OCEAN COUNTY BOARD OF HEALTH CERTIFICATE
8. RETAIL FOOD ESTABLISHMENT LICENSE – BOROUGH OF LAVALLETTE  
(OBTAINED THRU LOCAL BOARD OF HEALTH LOCATED AT THE  
LAVALLETTE PUBLIC WORKS DEPARTMENT-AFTER MARCH 31)
9. TAX CERTIFICATE
10. FINGERPRINTS OR BACKGROUND CHECK

FINGERPRINTS (required every 2 years)  
IDEMIA'S WEBSITE [HTTP://UENROLL.IDENTOGO.COM/](http://uenroll.identogo.com/)  
TO SCHEDULE APPOINTMENT FOR FINGERPRINTS.  
SERVICE CODE: [2F17ZY](#) FOR LOCAL ORDINANCE, 13:59-1  
LAVALLETTE ORI: [NJ0151500](#)

BACKGROUND CHECK (required every 2 years)  
LOG ONTO NJSP WEBSITE <https://njportal.com/njsp/criminalrecords/>  
CLICK ON THE ONLINE FORM 212A, A HIGHLIGHTED BLOCK LOCATED ON  
THE LOWER LEFT SIDE OF THE PAGE. LAVALLETTE ORI: [NJ0151500](#)

FOLLOW THE PROMPTS FOR DEMOGRAPHIC AND PAYMENT INFORMATION.

UPON COMPLETION OF THE FORM, YOU WILL RECEIVE AN EMAIL  
CONFORMATION AND RECEIPT THAT WILL INCLUDE A CONFORMATION  
NUMBER.

AT THIS TIME THE REQUEST WILL BE FORWARDED TO THE POLICE  
DEPARTMENTS WORK QUEUE FOR APPROVAL AND SUBMISSION TO THE NJ  
STATE POLICE FOR PROCESSING.

THE APPLICANT CAN FIND MORE DETAILED INFORMATION BY CLICKING ON  
THE HELP TAB LOCATED ON THE RIGHT SIDE OF THE PAGE.



## Borough of Lavallette Application for Vendor License

*Please print all Information:* **EXTRA DRIVER:**

Date: \_\_\_\_\_ SS#: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Number Street City State Zip

Number of years at this address: \_\_\_\_\_ If less than 3 years, supply previous address

Address: \_\_\_\_\_  
Number Street City State Zip

US Citizen: Yes \_\_\_ No \_\_\_ Date of Birth: \_\_\_\_\_ Male \_\_\_ Female \_\_\_

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_

Have you been convicted of a crime within the past ten (10) years? Yes \_\_\_ No \_\_\_  
If yes, explain in detail: