



## Application for Vendor's Permit

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

### **Applicant Information**

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

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Driver's License # \_\_\_\_\_

*(Please include a copy of your driver's license with this application)*

Any Prior Convictions of Federal, State or Municipal Offenses: YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, please provide details: \_\_\_\_\_

### **Business Information:**

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

Business Address: \_\_\_\_\_

Business Phone #: \_\_\_\_\_ # of Spaces: \_\_\_\_\_

Type of Business: \_\_\_\_\_

*(If food, please submit a current County Health Inspection with this application.)*

Items to be Sold: \_\_\_\_\_

*(All vendors are responsible for keeping the trash in their area cleaned up. Mount Holly Township reserves the right to remove any vendor for violation of the event rules.)*

Insurance Company: \_\_\_\_\_

*(Please provide a certificate of business insurance with this application.)*

**Vehicle Information**

Vehicle Make: \_\_\_\_\_ Model: \_\_\_\_\_ Color: \_\_\_\_\_

Vehicle Registration Number: \_\_\_\_\_ Plate #: \_\_\_\_\_

Vehicle Insurance Co. \_\_\_\_\_ Policy #: \_\_\_\_\_

*(Please provide a copy of the vehicle registration and insurance with this application.)*

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of Applicant**

**Required Documentation-Permit will NOT be issued without the following:**

- Copy of Driver's License
- Copy of Vehicle Registration and Insurance card
- Board of Health Inspection *(If applicable)*
- Certificate of Insurance naming Mt. Holly Twp. additionally insured

**Application Fee:** \$50.00 for Non-Food Vendors; \$100.00 for Food Vendors (please make checks payable to Mount Holly Township)

**Please send to:** Township Clerk, Sherry Marnell  
Mount Holly Township  
23 Washington Street  
Mount Holly, NJ 08060  
Telephone: (609) 845-1101  
Fax: (609) 267-8155  
Email: smarnell@twp.mountholly.nj.us