

Return to:  
Borough Clerk  
263 Somerset Street  
North Plainfield, NJ 07060  
908-769-2910

**Borough of North Plainfield**  
**License Application**  
**Vending Business**  
(N.P.R.G.O. 4-7)

Date Filed: \_\_\_\_\_  
Fee: \$50.00 \_\_\_\_\_  
New \_\_\_\_ Renewal \_\_\_\_

Application must be completed in its entirety and submitted with the following documents:

- New Jersey Driver's License
- Registration for vehicle

Applicant will then receive paperwork to be fingerprinted.

Name of applicant: \_\_\_\_\_

Home address: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Business Telephone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

Name of applicant: \_\_\_\_\_

Home address: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Business Telephone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

If a corporation, list all stockholders of 10% or more of the issued and outstanding stock:

Name of applicant: \_\_\_\_\_

Home address: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Business Telephone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

Nature of products to be sold: \_\_\_\_\_

Method of operation: \_\_\_\_\_

Have any persons listed above been:

1. convicted of any crimes: Yes ( ) No ( )
2. convicted of violating any Borough Ordinances in connection with the operation of the same or any similar vending business: Yes ( ) No ( )
3. had any license suspended or revoked by the Borough: Yes ( ) No ( )

I swear or affirm, to the best of my knowledge, that the information contained in this application is true and complete.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**FOR BOROUGH USE ONLY**

Referred to:	Date	Written Approval Received	Date
Chief of Police on: _____		Yes _____ No _____	_____
Health Officer on: _____		Yes _____ No _____	_____