

CITY OF MILLVILLE

DEALERS IN SECONDHAND GOODS

(Any person engaged in the business of buying or receiving secondhand goods or merchandise from the public.)

LICENSE APPLICATION (Article 6)

\$10.00 Application Fee Due Payable at Time of Application
Annual License Period Shall Run January 1st to December 31st of Each Year
\$400.00 Annual License Fee
(\$200.00 If applied for after July 1st and Business was not in operation prior to July 1st of any year)
Copy of State of New Jersey Tax Sale Certificate
A copy of Photo Driver's License required by each person listed on application

DATE OF APPLICATION: _____ APPLICATION FEE PAID: \$ _____

BUSINESS INFORMATION

NAME OF BUSINESS: _____ PHONE#: _____
Attach Copy of State of New Jersey Tax Sale Certificate

ADDRESS: _____
Street Number Street Name

PO No. _____ City _____ State _____ Zip _____ County _____

APPLICANT INFORMATION

NAME OF APPLICANT: _____ PHONE#: _____
Please Print

ADDRESS: _____
Street Number Street Name

PO No. _____ City _____ State _____ Zip _____ County _____

D.O.B. ____ / ____ / ____ DL#: _____ SS#: ____ - ____ - ____
Month Day Year Attach Copy of Driver's License/Legal Photo ID

(If less than (2) years at current address, please provide previous address below)

PREVIOUS ADDRESS: : _____
Street Number Street Name

PO No. _____ City _____ State _____ Zip _____ County _____

CHARACTER REFERENCES: (Please provide two)

NAME: _____ PHONE#: _____

ADDRESS: _____
Street Number Street Name

PO No. _____ City _____ State _____ Zip _____ County _____

APPLICANT INFORMATION cont.

CHARACTER REFERENCES: (Please provide two)

NAME: _____ PHONE#: _____

ADDRESS: _____
Street Number Street Name

PO No. City State Zip County

OWNER INFORMATION:

NAME OF OWNER: _____ PHONE#: _____
Please Print

ADDRESS: _____
Street Number Street Name

PO No. City State Zip County

D.O.B. ____ / ____ / ____ DL#: _____ SS#: ____ - ____ - ____
Month Day Year Attach Copy of Driver's License/Legal Photo ID

(If less than (2) years at current address, please provide previous address below)

PREVIOUS ADDRESS: _____
Street Number Street Name

PO No. City State Zip County

CHARACTER REFERENCES: (Please provide two)

NAME: _____ PHONE#: _____

ADDRESS: _____
Street Number Street Name

PO No. City State Zip County

NAME: _____ PHONE#: _____

ADDRESS: _____
Street Number Street Name

PO No. City State Zip County

GENERAL PARTNER INFORMATION:

NAME OF PARTNER: _____ PHONE#: _____

ADDRESS: _____
Street Number Street Name

PO No. City State Zip County

D.O.B. ____ / ____ / ____ DL#: _____ SS#: ____ - ____ - ____
Month Day Year Attach Copy of Driver's License/Legal Photo ID

(If less than (2) years at current address, please provide previous address below)

PREVIOUS ADDRESS: _____
Street Number Street Name

PO No. City State Zip County

CHARACTER REFERENCES: (Please provide two)

NAME: _____ PHONE#: _____

ADDRESS: _____
Street Number Street Name

PO No. City State Zip County

NAME: _____ PHONE#: _____

ADDRESS: _____
Street Number Street Name

PO No. City State Zip County

EMPLOYEE INFORMATION:

1) EMPLOYEE: _____ PHONE#: _____

ADDRESS: _____
Street Number Street Name

PO No. City State Zip County

D.O.B. ____ / ____ / ____ DL#: _____ SS#: ____ - ____ - ____
Month Day Year Attach Copy of Driver's License/Legal Photo ID

EMPLOYEE INFORMATION continued

1) Employee

CHARACTER REFERENCES: (Please provide two)

NAME: _____ PHONE#: _____

ADDRESS: _____
Street Number Street Name

PO No. City State Zip County

NAME: _____ PHONE#: _____

ADDRESS: _____
Street Number Street Name

PO No. City State Zip County

2) EMPLOYEE: _____ PHONE#: _____

ADDRESS: _____
Street Number Street Name

PO No. City State Zip County

D.O.B. ____ / ____ / ____ DL#: _____ SS#: ____ - ____ - ____
Month Day Year Attach Copy of Driver's License/Legal Photo ID

CHARACTER REFERENCES: (Please provide two)

NAME: _____ PHONE#: _____

ADDRESS: _____
Street Number Street Name

PO No. City State Zip County

NAME: _____ PHONE#: _____

ADDRESS: _____
Street Number Street Name

PO No. City State Zip County

EMPLOYEE INFORMATION continued

3) EMPLOYEE: _____ **PHONE#:** _____

ADDRESS: _____
Street Number Street Name

PO No. City State Zip County

D.O.B. ____ / ____ / ____ **DL#:** _____ **SS#:** ____ - ____ - ____
Month Day Year Attach Copy of Driver's License/Legal Photo ID

CHARACTER REFERENCES: (Please provide two)

NAME: _____ **PHONE#:** _____

ADDRESS: _____
Street Number Street Name

PO No. City State Zip County

NAME: _____ **PHONE#:** _____

ADDRESS: _____
Street Number Street Name

PO No. City State Zip County

4) EMPLOYEE: _____ **PHONE#:** _____

ADDRESS: _____
Street Number Street Name

PO No. City State Zip County

D.O.B. ____ / ____ / ____ **DL#:** _____ **SS#:** ____ - ____ - ____
Month Day Year Attach Copy of Driver's License/Legal Photo ID

CHARACTER REFERENCES: (Please provide two)

NAME: _____ **PHONE#:** _____

ADDRESS: _____
Street Number Street Name

PO No. City State Zip County

NAME: _____ **PHONE#:** _____

ADDRESS: _____
Street Number Street Name

PO No. City State Zip County

EMPLOYEE INFORMATION continued

5) EMPLOYEE: _____ **PHONE#:** _____

ADDRESS: _____
Street Number Street Name

PO No. City State Zip County

D.O.B. ____ / ____ / ____ **DL#:** _____ **SS#:** ____ - ____ - ____
Month Day Year Attach Copy of Driver's License/Legal Photo ID

CHARACTER REFERENCES: (Please provide two)

NAME: _____ **PHONE#:** _____

ADDRESS: _____
Street Number Street Name

PO No. City State Zip County

NAME: _____ **PHONE#:** _____

ADDRESS: _____
Street Number Street Name

PO No. City State Zip County

6) EMPLOYEE: _____ **PHONE#:** _____

ADDRESS: _____
Street Number Street Name

PO No. City State Zip County

D.O.B. ____ / ____ / ____ **DL#:** _____ **SS#:** ____ - ____ - ____
Month Day Year Attach Copy of Driver's License/Legal Photo ID

CHARACTER REFERENCES: (Please provide two)

NAME: _____ **PHONE#:** _____

ADDRESS: _____
Street Number Street Name

PO No. City State Zip County

NAME: _____ **PHONE#:** _____

ADDRESS: _____
Street Number Street Name

PO No. City State Zip County

HAS THE APPLICANT(S), PARTNER(S), CORPORATE MEMBER(S) OR EMPLOYEE(S) EVER BEEN CONVICTED OF A CRIMINAL OFFENSE?

YES: NO:

IF YES, PLEASE INDICATE:

<u>NAME</u>	<u>NATURE OF OFFENSE</u>	<u>DATE OF OFFENSE</u>	<u>PLACE OF CONVICTION</u>

EACH APPLICANT AND EMPLOYEE SHALL BE FINGERPRINTED BY THE MILLVILLE POLICE DEPARTMENT AND THE PRINT SHALL BE SUBMITTED TO FEDERAL AND STATE AUTHORITIES FOR COMPARISON AND CRIMINAL RECORD INVESTIGATION. IN THE CASE OF PARTNERSHIPS AND CORPORATIONS THOSE PERSONS WHO ARE REQUIRED TO PROVIDE INFORMATION FOR THE APPLICATION SHALL SUBMIT TO FINGERPRINTING.
CONTACT THE MILLVILLE TRAFFIC SAFETY BUREAU @ 856-825-7010

SIGNATURE OF APPLICANT: _____ Signature _____ Date _____

FOR OFFICE USE ONLY

CHIEF OF POLICE:

*APPLICATION WAS RECEIVED BY MY OFFICE ON _____ Date	_____ Received By
---	----------------------

APPROVED: DENIED: Police Chief _____
Signature Date

A brief explanation, if license was denied: _____

CITY CLERK/ADMINISTRATOR:

*APPLICATION WAS RECEIVED BY MY OFFICE ON _____ Date	_____ Received By
---	----------------------

APPROVED: DENIED: City Clerk/Adm _____
Signature Date

A brief explanation, if license was denied: _____

