

Vendor License Application

City of Lyndhurst

Ordinance 2012-8 // Chapter 755
Peddlers & Solicitors



Application Date: _____

License Request

6 Months _____ \$50.00 + \$15.00 per associate, # of sales associates requesting permit: _____

12 Months _____ \$100.00 + \$25.00 per associate, # of sales associates requesting permit: _____

**The Applicant below will receive one business license, please list each additional sales associate on the reverse page for additional license requests.*

TOTAL AMOUNT DUE: _____ **Ready for Pick-up:** _____ **Pick-up Date:** _____

Company Name: _____ **Company Phone # ()** _____

Address: _____ **City:** _____ **Zip:** _____

Description of Company _____

Company License # _____ **License Expiration Date** _____

Applicant

Name: _____ **Phone Number: ()** _____

Sex: _____ **Height:** _____ **Weight:** _____ **Date of Birth:** _____ **SSN:** _____

Address: _____ **City:** _____ **Zip:** _____

Vehicle Information

License Plate # _____ **Make:** _____ **Model:** _____ **Policy #:** _____

Company: _____ **Effective Date:** _____ **Expiration Date:** _____ **Limits of Coverage:** _____

X. Applicant Signature: _____ **Date:** _____

References –Not-Relatives (2)

Name: _____ **Phone :()** _____

Name: _____ **Phone :()** _____

**** Please Note: All incomplete applications will be rejected. ****

Sales Associates

1. Representative Name: _____ SSN: _____ Sex: _____ Height: _____ Weight: _____

D.O.B.: _____ Phone Number: () _____ Address: _____ City: _____ Zip: _____

2. Representative Name: _____ SSN: _____ Sex: _____ Height: _____ Weight: _____

D.O.B.: _____ Phone Number: () _____ Address: _____ City: _____ Zip: _____

3. Representative Name: _____ SSN: _____ Sex: _____ Height: _____ Weight: _____

D.O.B.: _____ Phone Number: () _____ Address: _____ City: _____ Zip: _____

4. Representative Name: _____ SSN: _____ Sex: _____ Height: _____ Weight: _____

D.O.B.: _____ Phone Number: () _____ Address: _____ City: _____ Zip: _____

5. Representative Name: _____ SSN: _____ Sex: _____ Height: _____ Weight: _____

D.O.B.: _____ Phone Number: () _____ Address: _____ City: _____ Zip: _____

6. Representative Name: _____ SSN: _____ Sex: _____ Height: _____ Weight: _____

D.O.B.: _____ Phone Number: () _____ Address: _____ City: _____ Zip: _____

7. Representative Name: _____ SSN: _____ Sex: _____ Height: _____ Weight: _____

D.O.B.: _____ Phone Number: () _____ Address: _____ City: _____ Zip: _____

8. Representative Name: _____ SSN: _____ Sex: _____ Height: _____ Weight: _____

D.O.B.: _____ Phone Number: () _____ Address: _____ City: _____ Zip: _____

9. Representative Name: _____ SSN: _____ Sex: _____ Height: _____ Weight: _____

D.O.B.: _____ Phone Number: () _____ Address: _____ City: _____ Zip: _____

10. Representative Name: _____ SSN: _____ Sex: _____ Height: _____ Weight: _____

D.O.B.: _____ Phone Number: () _____ Address: _____ City: _____ Zip: _____



OFFICE USE ONLY

LYNDHURST POLICE DEPARTMENT:

OUTSTANDING WARRANT CHECK BY: _____

DATE: _____ REMARKS: _____

POLICE DEPARTMENT DISPOSITION:

APPROVED _____ DISAPPROVED _____

LICENSE APPROVED: X. _____

MAYOR

LYNDHURST FINANCE DEPARTMENT:

PERMIT #'S: _____ CLERK ID: _____

AMOUNT DUE: _____ CASH/ CHECK _____

PIO #: _____ DATE: _____
(110-7741-46402)

X. _____

CHIEF OF POLICE