



THE cityofrahway

MAYOR RAYMOND A. GIACOBBE

CITY OF RAHWAY

TRANSIENT MERCHANT/INTINERANT VENDOR

✓ Application Checklist

Please make sure all items except final payment are collected before beginning the process and submitting the documents to the City Clerk.

- ___ Completed Itinerant Vendor License Application.
- ___ Two 2 ½ x 2 ½ passport-size photos of applicant.
- ___ Copy of government-issued ID card.
- ___ Map or sketch of the site showing ingress & egress of traffic (if applicable) and location of off-street parking.
- ___ Copy of approved zoning permit.
- ___ \$1,000 surety bond.
- ___ License fee payment of \$200 is required (cash, check, money order) payable to "City of Rahway" at the City Clerk's office when license is approved and ready to be picked up.



1 City Hall Plaza,
Rahway NJ 07065



(732) 827-2000



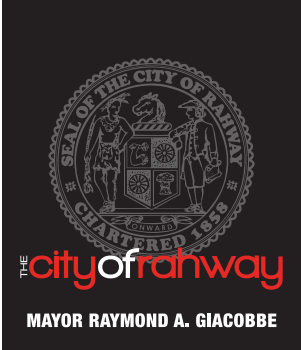
cityofrahway.com



CityofRahwayNJ



CityofRahway



CITY OF RAHWAY

TRANSIENT MERCHANT/INTINERANT VENDOR

License Owner Application

License No. _____
Date Issued _____

License fee: \$200 for 45 days

PLEASE PRINT

Name _____ Phone _____ E-mail _____

Home Address _____

How long have you lived at the above address? _____

If less than three (3) years, previous address _____

Social Security No. _____ DOB _____ Age _____

Birthplace _____ Gender _____ Height _____

Weight _____ Eye Color _____ Hair Color _____

What type of business will you be conducting?

Address of business site _____

Owner phone _____ Owner e-mail _____

Dates you will be on site _____

PLEASE ATTACH WRITTEN PERMISSION FROM THE PROPERTY OWNER & APPROVED ZONING PERMIT.

Will your business require you to install any electrical wiring, motor or operation mechanism? Yes No

If yes, please describe the required wiring, motor or mechanism

Have you ever been convicted of a crime? Yes No

If yes, offense _____

List the name(s) and address(es) of those authorized to conduct business in the City of Rahway for your company.

Employee 1 Name _____ Phone _____ E-mail _____

Home address _____

Employee 2 Name _____ Phone _____ E-mail _____

Home address _____

Employee 3 Name _____ Phone _____ E-mail _____

Home address _____

Employee 4 Name _____ Phone _____ E-mail _____

Home address _____

Attach two (2) passport-size photos not over 2 ½ in x 2 ½ in.

YOU ARE ADVISED THAT THIS FORM AND THE INFORMATION PROVIDED THEREON IS SUBJECT TO RELEASE TO THE PUBLIC UNDER THE OPEN PUBLIC RECORDS ACT (N.J.S.A. 47:1A-1 et seq.)

I have read and understand the requirements of this license as authorized by Ordinance O-44-21 and Ch. 311 of the Municipal Code and understand that violations of this ordinance may result in revocation of my license and/or fines not exceeding \$1,000 or by imprisonment for a term not exceeding 90 days.

Applicant signature _____ Date _____

DO NOT WRITE BELOW THIS LINE

Police Dept. _____ Date _____ Approved Disapproved

Fire Dept. _____ Date _____ Approved Disapproved

Zoning Officer _____ Date _____ Approved Disapproved

City Clerk _____ Date _____ Approved Disapproved