

Date Application Received: _____

Date Approved: _____

License Fee: _____

License No. _____

CITY OF TRENTON
Business/Peddler's License Application

Federal Identification# _____

Tax Exempt Identification# _____

Number of employees _____ Is this a Minority Owned Business? Yes No Is this a Woman Owned Business Yes No

Business Name _____

Trade Name _____ Phone _____

Business Address _____

City/State/Zip _____

Type of Business _____

Days of Operation _____ Hours of Operation _____ am/pm To _____ am/pm.

Hours must comply with the most current City Ordinance.

Are alcoholic beverages sold on premise? Yes No If yes, do you employ a private security company? Yes No

Do you provide live entertainment or a DJ at least part of your operating hours? Yes No

Are food items sold on premise? Yes No

Is this business a mobile food truck? Yes No

If yes, provide the plate and VIN# _____

Is this a seasonal business? Yes No If yes, what are the months of operation _____

Full Name of Applicant (s): _____

Address: _____ Phone _____

City/State/Zip: _____

Date of Birth: _____ SS# _____ - _____ - _____

Have all Certificate and/or Licenses required by the State of New Jersey been obtained to operate this business? Yes No

If No, Why? _____

List Certificate and/or License Numbers: _____

Full Name of Property Owner: _____

Address of Property Owner: _____

City/State/Zip: _____

If the applicant is not the owner of the property, a *notarized* letter OR signed lease granting permission of use from the owner is required prior to application review. This letter must be dated within the past 12 months.

TO BE COMPLETED BY APPLICANTS FOR PEDDLER'S LICENSE

If applying for a Peddler's License please indicate if you are an owner or employee. Owner Employee

Is the applicant legally able to conduct business in the United States? Yes No

Has the applicant ever been convicted of a crime? Yes No

If yes, what offense, where and when?

Name, address and phone number of Applicant's employer (If you are working for someone other then yourself):

TO BE COMPLETED BY ALL APPLICANTS

AFFIDAVIT

I have ready, understand and agree to comply with all Ordinances and Inspections pertaining to this business including, but not limited to zoning, operations, construction and all others deemed necessary by either the City of Trenton, Mercer County and/or the State of New Jersey.

Printed Name: _____ Signature: _____

Date: _____

For City Officials use only:

APPROVED:

Building Inspection _____

Health Department _____

Police Department _____

Tax Department _____