

# Vendor License Application

## City of Lyndhurst



Application Date: \_\_\_\_\_

*Ordinance 2012-8 // Chapter 755  
Peddlers & Solicitors*

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