



TOWNSHIP OF EVESHAM
ITINERANT MERCHANTS

1. NAME OF APPLICANT _____
2. ADDRESS _____ PHONE _____
3. DESCRIPTION OF APPLICANT:
HEIGHT _____ WEIGHT _____ EYES _____
SEX _____ DATE OF BIRTH _____ PLACE OF BIRTH _____
4. NAME OF EMPLOYER _____ POSITION HELD _____
ADDRESS _____
5. NATURE OF BUSINESS: Products or services to be sold

6. LOCATION OF PRODUCTS OR SERVICES:
A. Where Located _____
B. If Vehicle Used: Year _____ Make _____ Model _____
Reg. No. _____ Drivers Lic. No. _____
7. How many days per week and hours per day will you be in the Township?
_____ (days/week) _____ (hours/day)
8. CHARACTER REFERENCES:
Name _____ Address _____
Name _____ Address _____
Name _____ Address _____
9. Have you ever been convicted of a crime (other than a traffic violation?)

If so, nature of offense _____
Penalty _____
10. If veteran, so state and produce satisfactory evidence of honorable discharge and state license number, which entitles veteran to exemption under current ordinance.
11. Two (2) recent photographs must accompany this application.
12. Applicant must be fingerprinted by the Township Police Department.

Signature

Sworn to and subscribed before me

This _____ day of _____ 20____

Notary