

Town of Westfield
425 East Broad Street * Westfield, NJ 07090
Phone (908) 789-4033 * Fax (908) 928-9316

PEDDLER'S LICENSE APPLICATION

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE # _____ SSN# _____ BIRTHDATE _____

AGE _____ SEX _____ HT _____ WT _____ HAIR _____ EYES _____

SCARS/MARKS/AMPUTATIONS _____

MARITAL STATUS **S**__ **M**__ **W**__ **D**__ SPOUSE'S NAME _____

US CITIZEN? _____ If No, CITIZENSHIP _____ VETERAN? _____

EVER ARRESTED? _____ If yes, state offense, date and place _____

BUSINESS NAME _____ ITEMS SOLD _____

DRIVER'S LICENSE # _____

VEHICLE REG # _____ EXP DATE _____

INSURANCE COMPANY _____ POLICY # _____

Note: Additional vehicle registration information may be attached

I certify that the above information is true and correct and understand that any false statement made by me will result in the rejection of this application.

Signature _____ Date _____

OFFICE USE ONLY

REC'D _____ INSPECTED BY _____ DATE _____

HEALTH DEPT

LICENSE # _____ DATE ISSUED _____