



Mayor  
Susan Shin Angulo

Patti Chacker  
Township Clerk  
Registrar of Vital Statistics

# TRANSIENT MERCHANT & ITINERANT VENDOR LICENSE APPLICATION

This application applies to any persons, corporations or partnerships, whether principal or agent, who engage in a merchandising business within New Jersey with intent to close out or discontinue such business within one year from the date of commencement, including those who for the purpose of carrying on such business, hire, lease or occupy any building, structure or railroad car for the exhibition and sales of such goods, wares and merchandise, but nothing in this ordinance shall be construed to affect the sale of fruits, vegetables, farm products, such as meat, poultry, butter, and eggs. The license application consists of three parts:

- Part 1: Application – General Information
- Part 2: Seasonal Merchandise Fees
- Part 3: Certification

Please complete all applicable categories and submit all applicable fees. Checks should be made payable to the *Township of Cherry Hill*. A copy of the completed application should be retained for your records.

## PART 1. GENERAL INFORMATION

APPLICANT'S NAME: \_\_\_\_\_

CORPORATE NAME (if different): \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ EMAIL: \_\_\_\_\_

LOCATION OF SALES SITE: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ EMAIL: \_\_\_\_\_

BLOCK(S): \_\_\_\_\_ LOT(S): \_\_\_\_\_ Do you own the site?  YES  NO\*

\*If no, written authorization from the owner of the site, stating that authorization is given to use the site for stated purpose.

**Authorization attached.**

TYPE OF SALES REQUESTED (be specific): \_\_\_\_\_

PROPOSED LENGTH OF TIME (dates): \_\_\_\_\_ TO \_\_\_\_\_

PROPOSED HOURS OF OPERATION: \_\_\_\_\_

PROPOSED OPERATING DAYS OF THE WEEK: \_\_\_\_\_

Please attach a sketch or plot plan of the property to be used, showing both ingress and egress, as well as any structure or facility to be located on the site.

**Sketch/Plan attached.**

Will There be any Temporary Signs associated with this event?  YES\*  NO

\*If yes, please attach a completed Temporary Sign permit.

**Temporary Sign Permit application attached.**

**PART 2. FEES**

- APPLICATION FEE (non-refundable) **\$1,000.00/site**: required prior to review.
- A good and sufficient bond with good and sufficient surety, equal in amount to twenty-five percent (25%) of the value of the personal property shown in the application, certifications and/or disclosures, but in no event shall the bond be less than one-thousand dollars (\$1,000).
- Fees enclosed.

**PART 3. CERTIFICATION**

I hereby certify that the information on this application is true and in compliance with Cherry Hill Township Ordinance 95-36, as amended. The undersigned further certifies that, "our establishment will comply with the full provisions of the New Jersey State Codes and Statutes, as well as applicable Federal, State and Local laws." I, the undersigned or designee, also certifies that Cherry Hill Township Municipal Clerk, Division of Licensing & Vital Statistics, will be notified of any:

- a. change of dates
- b. change to the facilities
- c. change or expansion of business other than originally approved
- d. pre-mature termination of operation

**X**

\_\_\_\_\_  
SIGNATURE of Applicant

\_\_\_\_\_  
DATE

\_\_\_\_\_  
NAME of Applicant

\_\_\_\_\_  
TITLE (owner, manager, registered agent)

\_\_\_\_\_  
ADDRESS of Applicant

\_\_\_\_\_  
PHONE

\_\_\_\_\_  
FAX

\_\_\_\_\_  
EMAIL

**FOR OFFICE USE ONLY**

Block(s) \_\_\_\_\_ Lot(s) \_\_\_\_\_ License Number \_\_\_\_\_ Code Number \_\_\_\_\_

Type of Sales/Merchandise \_\_\_\_\_

Check Issued by \_\_\_\_\_ Receipt No. \_\_\_\_\_ Check No. \_\_\_\_\_

Amount of Check \$ \_\_\_\_\_ Date Received \_\_\_\_\_ Fees Received by \_\_\_\_\_

Dates/Times/Lengths of License \_\_\_\_\_

Taxes Paid?  YES  NO  
*taxes of the utilized site must be current*

\_\_\_\_\_  
Tax Collector

\_\_\_\_\_  
Date

APPROVED  DENIED

\_\_\_\_\_  
Police Chief

\_\_\_\_\_  
Date

APPROVED  DENIED

\_\_\_\_\_  
Zoning Officer

\_\_\_\_\_  
Date

APPROVED  DENIED

\_\_\_\_\_  
Township Council

\_\_\_\_\_  
Date