

GIVE THE NAME, ADDRESS AND TELEPHONE NUMBER OF EMPLOYER (ATTACH CREDENTIALS ESTABLISHING RELATIONSHIP):

NAME: _____

ADDRESS: _____

PHONE #: _____

1. APPLICANT CERTIFIES THAT ALL STATEMENTS MADE ON THIS FORM ARE TRUE AND CORRECT TO THE BEST OF HIS/HER KNOWLEDGE.
2. APPLICANT FURTHER CERTIFIES THAT NEITHER HE NOR THE PRODUCT OR SERVICE HE SELLS HAS BEEN THE DEFENDANT OR SUBJECT OF ANY ACTION SUCCESSFULLY PROSECUTED BY ANY CONSUMER AFFAIRS AGENCY OF ANY GOVERNMENT IN NEW JERSEY.

SIGNED: _____ DATE: _____

DESCRIPTION OF THE GOODS, PROPERTY OR SERVICES TO BE SOLD OR SUPPLIED:

PLACE WHERE THE GOODS OR PROPERTY TO BE SOLD OR ORDERS TAKEN FOR, ARE MANUFACTURED OR PRODUCED; WHERE SUCH GOODS OR PRODUCTS ARE LOCATED AT THE TIME THIS APPLICATION IS FILED; PROPOSED METHOD OF DELIVERY, ROUTES TO BE COVERED ON A REGULAR BASIS WITH AN APPROXIMATE TIME SCHEDULE:

DAYS OF THE WEEK AND THE HOURS OF THE DAY DURING WHICH THE LICENSED ACTIVITY WILL BE CONDUCTED:
