

CITY OF MILLVILLE

DEALERS IN SECONDHAND GOODS

(Any person engaged in the business of buying or receiving secondhand goods or merchandise from the public.)

LICENSE APPLICATION (Article 6)

\$10.00 Application Fee Due Payable at Time of Application

Annual License Period Shall Run January 1st to December 31st of Each Year

\$400.00 Annual License Fee

(\$200.00 If applied for after July 1st and Business was not in operation prior to July 1st of any year)

Copy of State of New Jersey Tax Sale Certificate

Copy of State of New Jersey Business Registration Certificate

A copy of Photo Driver's License required by each person listed on application

DATE OF APPLICATION: _____ APPLICATION FEE PAID: \$ _____

BUSINESS INFORMATION

NAME OF BUSINESS: _____ PHONE#: _____
Attach Copy of State of New Jersey Tax Sale Certificate

ADDRESS: _____
Street Number Street Name

PO No. City State Zip County

APPLICANT INFORMATION

NAME OF APPLICANT: _____ PHONE#: _____
Please Print

ADDRESS: _____
Street Number Street Name

PO No. City State Zip County

D.O.B. ____ / ____ / ____ DL#: _____ SS#: ____ - ____ - ____
Month Day Year Attach Copy of Driver's License/Legal Photo ID

(If less than (2) years at current address, please provide previous address below)

PREVIOUS ADDRESS: : _____
Street Number Street Name

PO No. City State Zip County

CHARACTER REFERENCES: (Please provide two)

NAME: _____ PHONE#: _____

ADDRESS: _____
Street Number Street Name

PO No. City State Zip County

APPLICANT INFORMATION cont.

CHARACTER REFERENCES: (Please provide two)

NAME: _____ PHONE#: _____

ADDRESS: _____
Street Number Street Name

PO No. City State Zip County

OWNER INFORMATION:

NAME OF OWNER: _____ PHONE#: _____
Please Print

ADDRESS: _____
Street Number Street Name

PO No. City State Zip County

D.O.B. ____ / ____ / ____ DL#: _____ SS#: ____ - ____ - ____
Month Day Year Attach Copy of Driver's License/Legal Photo ID

(If less than (2) years at current address, please provide previous address below)

PREVIOUS ADDRESS: _____
Street Number Street Name

PO No. City State Zip County

CHARACTER REFERENCES: (Please provide two)

NAME: _____ PHONE#: _____

ADDRESS: _____
Street Number Street Name

PO No. City State Zip County

NAME: _____ PHONE#: _____

ADDRESS: _____
Street Number Street Name

PO No. City State Zip County

EMPLOYEE INFORMATION continued

1) Employee

CHARACTER REFERENCES: (Please provide two)

NAME: _____ PHONE#: _____

ADDRESS: _____
Street Number Street Name

PO No. City State Zip County

NAME: _____ PHONE#: _____

ADDRESS: _____
Street Number Street Name

PO No. City State Zip County

2) EMPLOYEE: _____ PHONE#: _____

ADDRESS: _____
Street Number Street Name

PO No. City State Zip County

D.O.B. ____ / ____ / ____ DL#: _____ SS#: ____ - ____ - ____
Month Day Year Attach Copy of Driver's License/Legal Photo ID

CHARACTER REFERENCES: (Please provide two)

NAME: _____ PHONE#: _____

ADDRESS: _____
Street Number Street Name

PO No. City State Zip County

NAME: _____ PHONE#: _____

ADDRESS: _____
Street Number Street Name

PO No. City State Zip County

EMPLOYEE INFORMATION continued

3) EMPLOYEE: _____ PHONE#: _____

ADDRESS: _____
Street Number Street Name

PO No. City State Zip County

D.O.B. / / DL#: SS#: - -
Month Day Year Attach Copy of Driver's License/Legal Photo ID

CHARACTER REFERENCES: (Please provide two)

NAME: _____ PHONE#: _____

ADDRESS: _____
Street Number Street Name

PO No. City State Zip County

NAME: _____ PHONE#: _____

ADDRESS: _____
Street Number Street Name

PO No. City State Zip County

4) EMPLOYEE: _____ PHONE#: _____

ADDRESS: _____
Street Number Street Name

PO No. City State Zip County

D.O.B. / / DL#: SS#: - -
Month Day Year Attach Copy of Driver's License/Legal Photo ID

CHARACTER REFERENCES: (Please provide two)

NAME: _____ PHONE#: _____

ADDRESS: _____
Street Number Street Name

PO No. City State Zip County

NAME: _____ PHONE#: _____

ADDRESS: _____
Street Number Street Name

PO No. City State Zip County

FOR OFFICE USE ONLY

CHIEF OF POLICE:

*APPLICATION WAS RECEIVED BY MY OFFICE ON _____
Date Received By

APPROVED: DENIED: Police Chief _____
Signature Date

A brief explanation, if license was denied: _____

CITY CLERK:

*APPLICATION WAS RECEIVED BY MY OFFICE ON _____
Date Received By

APPROVED: DENIED: City Clerk _____
Signature Date

A brief explanation, if license was denied: _____

