

Date Application Received: \_\_\_\_\_

Date Approved: \_\_\_\_\_

License Fee: \_\_\_\_\_

License No. \_\_\_\_\_

**CITY OF TRENTON**  
***Business/Peddler's License Application***

Federal Identification# \_\_\_\_\_

Tax Exempt Identification# \_\_\_\_\_

Number of employees \_\_\_\_\_ Is this a Minority Owned Business? Yes  No  Is this a Woman Owned Business Yes  No

Business Name \_\_\_\_\_

Trade Name \_\_\_\_\_ Phone \_\_\_\_\_

Business Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Type of Business \_\_\_\_\_

Days of Operation \_\_\_\_\_ Hours of Operation \_\_\_\_\_ am/pm To \_\_\_\_\_ am/pm.

***Hours must comply with the most current City Ordinance.***

Are alcoholic beverages sold on premise? Yes  No  If yes, do you employ a private security company? Yes  No

Do you provide live entertainment or a DJ at least part of your operating hours? Yes  No

Are food items sold on premise? Yes  No

Is this business a mobile food truck? Yes  No

If yes, provide the plate and VIN# \_\_\_\_\_

Is this a seasonal business? Yes  No  If yes, what are the months of operation \_\_\_\_\_

Full Name of Applicant (s): \_\_\_\_\_

Address: \_\_\_\_\_ Phone \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SS# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Have all Certificate and/or Licenses required by the State of New Jersey been obtained to operate this business? Yes  No

If No, Why? \_\_\_\_\_

List Certificate and/or License Numbers: \_\_\_\_\_

Full Name of Property Owner: \_\_\_\_\_

Address of Property Owner: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

**If the applicant is not the owner of the property, a *notarized* letter OR signed lease granting permission of use from the owner is required prior to application review. This letter must be dated within the past 12 months.**

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**TO BE COMPLETED BY APPLICANTS FOR PEDDLER'S LICENSE**

*If applying for a Peddler's License please indicate if you are an owner or employee.* Owner  Employee

Is the applicant legally able to conduct business in the United States? Yes  No

Has the applicant ever been convicted of a crime? Yes  No

If yes, what offense, where and when?

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Name, address and phone number of Applicant's employer (If you are working for someone other than yourself):

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**TO BE COMPLETED BY ALL APPLICANTS**

**AFFIDAVIT**

**I have ready, understand and agree to comply with all Ordinances and Inspections pertaining to this business including, but not limited to zoning, operations, construction and all others deemed necessary by either the City of Trenton, Mercer County and/or the State of New Jersey.**

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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**For City Officials use only:**

**APPROVED:**

Building Inspection \_\_\_\_\_

Health Department \_\_\_\_\_

Police Department \_\_\_\_\_

Tax Department \_\_\_\_\_