



MAYOR CORY A. BOOKER



Community Engagement

DEPARTMENT OF FINANCE
DIVISION OF TAX ABATEMENT AND SPECIAL TAXES
OFFICE OF CENTRAL LICENSES & PERMITS
920 Broad Street, Room B-17
Newark, New Jersey, 07102
Telephone: (973) 733-6390

APPLICATION FOR SPECIAL EVENT VENDOR'S LICENSE

Food Merchandise Ice Cream (one application per license) Alcohol

APPLICANT INFORMATION

Current Peddler License Number: Has your license been suspended or revoked?
If yes, for what reason:

Applicant Name: Title:

Email Address:

Address: City: State: Zip Code:

Telephone #: Alternate Number:

Date of Birth: Race: Gender: Hair Color: Eye Color: Weight: Height:

Telephone #: Social Security #

Type of Business: Sole Proprietorship Corporation LLC Non-Profit Partnership

Legal Business Name:

"Doing Business As" Name:

Business Address: City: State: Zip Code:

NEWARK POLICE DEPARTMENT

WARRANT CHECK RESULTS

VENDING INFORMATION

Applicant proposes to sell (please check all of the following that apply):

- | | |
|--|---|
| <input type="checkbox"/> Hot Beverages & Bagel/ Donuts | <input type="checkbox"/> Framed Art |
| <input type="checkbox"/> Cappuccino / Latte / Biscotti | <input type="checkbox"/> Books |
| <input type="checkbox"/> Hot Pretzel, Roasted Peanut / Chestnuts | <input type="checkbox"/> Tourist Souvenirs |
| <input type="checkbox"/> Soup | <input type="checkbox"/> Clothing / Accessories |
| <input type="checkbox"/> Shish Kabob | <input type="checkbox"/> Cold Beverages |
| <input type="checkbox"/> Other : _____ | |

BACKGROUND INFORMATION (New applicants only)

Have you ever been convicted of a crime Yes No

If yes, give details of the disposition of each conviction:

Have you ever been arrested or summoned to court on any charges in this state or any other state? (Give particulars and disposition of every case):

APPLICANT ACKNOWLEDGEMENT

I RESPECTFULLY MAKE APPLICATION FOR A SPECIAL EVENT VENDOR'S LICENSE IN THE CITY OF NEWARK IN CONFORMITY WITH REQUIREMENTS OF CITY ORDINANCES. I CONFIRM THAT I HAVE RECEIVED, READ AND AGREE TO THE GUIDELINES GOVERNING THE LICENSE FOR WHICH I AM APPLYING. I CERTIFY THAT ALL INFORMATION CONTAINED IN THE APPLICATION AND IN ALL MATERIALS SUBMITTED IN SUPPORT OF THE APPLICATION IS, TO THE BEST OF MY KNOWLEDGE AND ABILITY, TRUE AND ACCURATE.

SIGNATURE _____ DATE _____

FOR OFFICE USE ONLY

OCLP REPRESENTATIVE: _____ DATE: _____

OCLP SUPERVISOR: _____ DATE: _____

DTAST MANAGER: _____ DATE: _____

NPD Dep. Chief: _____ DATE: _____

ABC Exec. Sec. : _____ DATE: _____

HEALTH DEPARTMENT – REQUEST FOR INSPECTION

TYPE OF LICENSE APPLIED FOR: _____

APPLICANT'S NAME: _____

FOOD HANDLER'S CERTIFICATE: YES NO

IN ACCORDANCE WITH YOUR REQUEST, I HAVE CAUSED AN INSPECTION OF THE PREMISES WHICH IS TO BE LICENSED.

APPROVED DENIED

REASON FOR DENIAL:

INSPECTOR'S NAME: _____

INSPECTOR'S SIGNATURE: _____

FIRE DEPARTMENT – REQUEST FOR INSPECTION

TYPE OF LICENSE APPLIED FOR: _____

APPLICANT'S NAME: _____

IN ACCORDANCE WITH YOUR REQUEST, I HAVE CAUSED AN INSPECTION OF THE PREMISES WHICH IS TO BE LICENSED.

APPROVED DENIED

REASON FOR DENIAL:

INSPECTOR'S NAME: _____

INSPECTOR'S SIGNATURE: _____



Cory A. Booker
Mayor

Susan Jacobucci
Acting Director of Finance

Tracie Shorts
Manager

OFFICE OF CENTRAL LICENSES AND PERMITS

THANK YOU FOR APPLYING FOR A BUSINESS LICENSE WITH THE CITY OF NEWARK.

IN ORDER TO COMPLETE THE PROCESSING OF YOUR LICENSE YOU MUST OBTAIN A POLICE WARRANT RECORD CHECK (ORDEN DE REJISTRO DE VERIFICACION DE POLICIA) FROM THE NEWARK POLICE DEPARTMENT AND POSSIBLY A STATE BUREAU OF INVESTIGATIONS (S.B.I) REPORT* FROM THE STATE OF NEW JERSEY.

BOTH CAN BE APPLIED FOR AT:

NEWARK POLICE DEPARTMENT



LICENSING UNIT
22 FRANKLIN ST, 1ST FLOOR

UNIDAD DE LICENCIAS
22 FRANKLIN ST, PRIMER PISO

MONDAY – THURSDAY
LUNES – JUEVES

8:30 AM TO 1:30 PM

* PLEASE HAVE A BLANK MONEY ORDER IN THE AMOUNT OF \$18.00 FOR THE S.B.I. REPORT.