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**BOROUGH OF CHESTER**  
**APPLICATION FOR A VENDOR'S LICENSE**

Name of Applicant _____	
Street Address _____	Home Phone# _____
_____	Business Phone # _____
Mailing Address _____	Fax # _____
_____	

If less than three years at this address, Please give us your previous address(s)
_____
_____

Please list the names, addresses and phone #'s of three people you have known in excess of three years.
_____
_____
_____

Describe the nature of your business; the wares and/or services you will be providing
_____
_____
Is your business, wares or services regulated by any State, Federal or other law?
<input type="checkbox"/> No <input type="checkbox"/> Yes (Proof of compliance with said regulation is attached)

Will you be using a motor vehicle to conduct your business <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes:
Description _____
_____ (make, model, color)
State of Registration _____ Plate
# _____
Name & Address of Insurance Carrier _____
Policy # _____

**The following must be attached to this application: Proof of your NJ tax ID#, proof of your current NJ sales tax filing and two photographs of the applicant's face. Also the applicant's fingerprints and a back- ground check must be on file with the Chester Borough Police Department.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date