

**TOWNSHIP OF FREEHOLD
JUNK DEALERS LICENSE APPLICATION**

This application for a Junk Dealer is made pursuant to Chapter 186, of the Code of the Township
of Freehold
2017

1. NAME OF APPLICANT _____ DATE _____
2. STREET ADDRESS: _____
3. CITY, STATE, ZIP CODE _____ PHONE _____
4. APPLICANT IS (Check one): () Sole Proprietor () PARTNERSHIP () CORPORATION
5. LIST THE NAMES, ADDRESSES, SOCIAL SECURITY NUMBERS AND PERCENTAGE OF OWNERSHIP OF ALL PARTNERS, STOCKHOLDERS, OFFICERS AND DIRECTORS (Use additional pages, if necessary) _____

6. Has any applicant, partner, stockholder, officer, or director been convicted of a crime? (Check One) () YES () NO If "YES", give name of person/persons convicted of crimes, nature of crimes, date of crimes, jurisdiction and determination _____

7. Is applicant owner of the subject property? ___ YES ___ NO If "NO", a letter of consent from the property owner must be attached.
8. List Emergency Phone Number: _____
9. List Days and Hours of operation: _____
10. Have you acquired all necessary Federal and State permits required to conduct your business
___ YES ___ NO
11. Have you attached a sketch of the subject property as required By Section 186-3? ___ YES ___ NO
12. Have any of the above named owners, officers, stockholders, partners been granted a junk dealer License in Freehold Township? ___ YES ___ NO In another municipality? ___ YES ___ NO
13. **Pay application fee of \$330.00 along with this fully completed application to the office of the Township Clerk.**

I CERTIFY THAT ALL THE FOREGOING INFORMATION PROVIDED IN THIS APPLICATION IS TRUE, COMPLETE AND ACCUATE. I AM AWARE THAT IF ANY OF THE FOREGOING STATEMENTS MADE BY ME ARE WILLFULLY FALSE, I AM SUBJECT TO PUNISHMENT ACCORDING TO LAW AND REVOCATIONOF ALL LICENSES ISSUED BY THE TOWNSHIP OF FREEHOLD

FURTHER, I CONSENT TO AND APPROVE OF ANY AND ALL INVESTIGATIONS INTO MY BACKGROUND, AND THE BACKGROUNDS OF ALL PARTIES LISTED HEREIN, DEEMED NECESSARY FOR THE PROTECTION OF THE CITIZENS OF THIS TOWNSHIP AND TO ESTABLISH THE INTEGRITY OF THE PERSONS LISTED HEREIN.

DATE _____
SIGNATURE OF APPLICANT TITLE

NOTE: This application must be verified by oath or affirmation by all owners, partners, officers, directors and stockholders holding more than 10% stock or ownership.