



**TOWNSHIP OF BERKELEY HEIGHTS**

29 Park Avenue  
Berkeley Heights, NJ 07922

Phone: (908) 464-2700  
Fax: (908) 464-6081

**SCAVENGER PERMIT APPLICATION**  
**REFUSE COLLECTION & DISPOSAL**

License Fees Per Calendar Year: \$100.00 Per Year, Pro-Rated

**APPLICANT INFORMATION:**

<input type="checkbox"/> New
<input type="checkbox"/> Renewal

NAME: \_\_\_\_\_

PERMANENT ADDRESS: \_\_\_\_\_

TEMPORARY/BUSINESS ADDRESS: \_\_\_\_\_

TELEPHONE: HOME/CELL: (    ) \_\_\_\_\_ WORK/CELL: (    ) \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ AGE: \_\_\_\_\_ HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_

SOCIAL SECURITY #: \_\_\_\_\_

Name, Address & Phone Number of Employer, Company, Organization Or Firm Represented:

\_\_\_\_\_

Nature of services to be furnished

\_\_\_\_\_

\_\_\_\_\_

List of place(s) of residence for the preceding three (3) years

\_\_\_\_\_

\_\_\_\_\_

Has applicant ever been arrested or convicted of a crime, disorderly persons offense or violation of any municipal ordinance? (    ) NO (    ) YES - Explain (including when, where and nature of offense):

\_\_\_\_\_

\_\_\_\_\_

Names of other municipalities in New Jersey where applicant has been issued a scavenger permit in the past two (2) years

\_\_\_\_\_

\_\_\_\_\_

**VEHICLE INFORMATION:**

MAKE: \_\_\_\_\_ MODEL: \_\_\_\_\_ YEAR: \_\_\_\_\_ COLOR: \_\_\_\_\_

LICENSE PLATE: \_\_\_\_\_ DRIVER'S LICENSE #: \_\_\_\_\_

NOTE: Please provide a copy of the Vehicle Registration & Vehicle Insurance Card.

Route planned to be taken and the corresponding list of days the person will be soliciting, canvassing or peddling along that route:

\_\_\_\_\_  
\_\_\_\_\_

**REFERENCES:**

Please provide name, address & telephone number of two (2) business references in Union County:

Name & Address Telephone Number

\_\_\_\_\_  
\_\_\_\_\_

HOURS OF OPERATION: \_\_\_\_\_

I, \_\_\_\_\_, hereby certify that I have fully and truthfully answered this application and will abide by all law of the State of New Jersey and ordinance of the Township of Berkeley Heights.

\_\_\_\_\_  
Signature of Applicant

Sworn to and Subscribed before me on this \_\_\_\_\_ Day, of \_\_\_\_\_, 20\_\_\_\_\_.

County of \_\_\_\_\_, State of New Jersey.

\_\_\_\_\_  
Signature of Notary

(Seal)

APPLICANT: \_\_\_\_\_

**Application Checklist:**

- Complete Application
  - Signed
  - Notarized
- Copy of your Driver's License
- Copy of Vehicle Registration
- Copy of Insurance Card

*Received*

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**LICENSE APPROVAL:**

License Number: \_\_\_\_\_

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

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

Fee Paid: \_\_\_\_\_

Veterans Number: \_\_\_\_\_

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Ana Minkoff, RMC  
Township Clerk

