



NEW JERSEY APPLICATION FOR VETERAN VENDOR'S LICENSE

DATE: _____

To the CLERK OF ATLANTIC COUNTY, STATE OF NEW JERSEY:

I hereby make application for issuance of a Veteran Vendor's License under the provisions of New Jersey Law Title 45:24-9 and 10 and in support thereof I make the following affidavit:

I, (full name) _____

Being duly sworn according to law, on my oath, depose and say that my bonafide residence is

Address: _____

City, State, Zip: _____

I have resided at the above address for _____ years _____ months
Indicate previous address below if less than 6 (six) months at above address:

Date of Birth: _____

Phone Number: _____

If Applicable: Driver's License Number _____ State of insurance _____ Expiration Date _____

I HEARBY CERTIFY THAT I HAVE BEEN HONORABLY DISCHARGED FROM THE FOLLOWING BRANCH OF U.S MILITARY SERVICE;

Branch of Service _____

Service Serial or Social Security Number _____

Date of entry into military service _____

Place of entry into military service _____

Date of Discharge _____

Place of Discharge _____

Sworn and subscribed before me this _____ day of _____ 20 _____

Signature of U.S. Military Veteran _____

FOR OFFICIAL USE ONLY