

**APPLICATION FOR PEDDLING & SOLICITING LICENSE**

**PLEASE PRINT ALL INFORMATION**

DATE OF APPLICATION: \_\_\_\_\_

NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

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

STREET CITY STATE ZIP

PLACE OF BIRTH: \_\_\_\_\_ WEIGHT: \_\_\_\_\_ HEIGHT: \_\_\_\_\_

HAIR: \_\_\_\_\_ EYES: \_\_\_\_\_ SEX: \_\_\_\_\_

SOCIAL SECURITY NO.: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

EMPLOYED BY: \_\_\_\_\_

EMPLOYERS ADDRESS: \_\_\_\_\_

THE NAME AND ADDRESS OF ALL ENTITIES WHOSE PRODUCTS YOU INTEND TO SELL OR WHICH YOU INTEND TO SOLICIT ORDERS:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

NAME AND ADDRESS OF PERSON UPON WHOM LEGAL NOTICE MAY BE SERVED:

\_\_\_\_\_

GENERAL LOCATION OF SALES: \_\_\_\_\_

\_\_\_\_\_

VEHICLE DESCRIPTION – MAKE: \_\_\_\_\_ MODEL: \_\_\_\_\_

LICENSE NO.: \_\_\_\_\_

Itemized list of product which applicant will peddle, or products or services, or which orders will be solicited:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name and address of all persons or corporations to whom such orders will be sent: (including county, state and zip code)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List all Towns, Villages or other Municipalities in which applicant has been licensed as peddler or solicitor during the past six (6) months.

NAME OF TOWN OR VILLAGE OR OTHER MUNICIPALITY	APPROXIMATE DATE LICENSE ISSUED	COUNTY	STATE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

TWO (2) BUSINESS REFERENCES IN ROCKLAND COUNTY: \_\_\_\_\_

\_\_\_\_\_

HOW IS EMPLOYMENT COVERED: CONTRACTUAL \_\_\_\_\_ EMPLOYMENT AGREEMENT \_\_\_\_\_

NAME, ADDRESS & TELEPHONE NO.  
OF PERSON SUPERVISING  
APPLICANT’S WORK:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

NAME, ADDRESS & TELEPHONE NO.  
OF CORPORATION SUPERVISING  
APPLICANT’S WORK:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

APPLICATION FOR PEDDLING & SOLICITING

HAVE YOU EVER BEEN CONVICTED OF A CRIME: \_\_\_\_\_ (OTHER THAN TRAFFIC INFRACTIONS)  
YES/NO

IF YES PLEASE FILL IN BELOW:

DATES OF ARREST: \_\_\_\_\_

CRIMES ARRESTED FOR: \_\_\_\_\_

ARRESTING AGENCY: \_\_\_\_\_

DISPOSITION: \_\_\_\_\_

ENUMERATION OF THE NUMBER AND KIND OF VEHICLES, IF ANY, TO BE USED BY THE APPLICANT IN CARRYING ON THE BUSINESS FOR WHICH THE LICENSE IS REQUESTED:

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

THE NAMES AND ADDRESSES OF ALL PARTNERS, IF A PARTNERSHIP, AND THE NAMES AND ADDRESSES OF THE PRINCIPAL OFFICERS, IF A CORPORATION:

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

ATTACH TO APPLICATION THE FOLLOWING:

- 1) Letter of authorization from Suppliers with Name and Address.
- 2) Copies of forms of all orders and receipts to be used by applicant in taking orders and accepting payment, in part or all.
- 3) Copy of Rockland County Dept. of Health Certificate.
- 4) A Statement to the effect that if a permit is granted, it will not be used or represented in any way as an endorsement by the Town of Stony Point or by any Department or Officer thereof.
- 5) Three (3) photographs of applicant (2 x 2 in size) taken within 30 days of application. One copy attached hereto, another to the license and the third filed with the Chief of Police, attached to and to be filed with finger print impressions to be taken by that Department.
- 6) Post a \$1,500.00 Bond or the amount of \$1,500.00 to be held in escrow.
- 7) If the Applicant is a nonprofit corporation of the State of New York, a certified copy of its certificate of incorporation, to together with any amendments or supplements thereto.
- 8) Two (2) business references located in the County of Rockland, State of New York or, in lieu thereof, such other available evidence of the character and business responsibility of the Applicant as will enable an investigator to properly evaluate such character and responsibility.

All vehicles which will be used or involved in soliciting shall at the time of application have a valid license and registration.

All places of sale or soliciting shall be handicapped accessible.

All premises licensed hereunder shall be in conformity with New York State Uniform Fire Prevention and Building Code.

**WORKERS' COMPENSATION & DISABILITY INFORMATION**

This is to certify, under the penalties of perjury, that this operation has Workers' Compensation & Disability benefits coverage required by law:

Workers' Compensation Carrier: \_\_\_\_\_

Workers' Compensation Policy #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Disability Benefits Carrier: \_\_\_\_\_

Disability Benefits Policy #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

No Employees, therefore, not applicable \_\_\_\_\_ OR

The Workers' Compensation Board has issued a form C-105.21 dated \_\_\_\_\_ stating that such coverage is not required.

Applicant knows that misstatement in this application, or any violation of the ordinance which it is issued may lead to suspension and revocation of any license issued thereunder.

**APPLICANT'S SIGNATURE:** \_\_\_\_\_

DATE: \_\_\_\_\_ 20 \_\_\_\_\_

**CHIEF OF POLICE APPROVAL:**

DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

**CHIEF OF POLICE DISAPPROVAL:**

DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

**BUILDING DEPT. APPROVAL:**

DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

TITLE: \_\_\_\_\_

**AFFIX PHOTO HERE**

FEES:            \$75.00 ANNUAL LICENSE FEE – PER PERSON  
                     \$100.00 ANNUAL VEHICLE FEE – FOR EACH VEHICLE

---

**ALL LICENSES SHALL EXPIRE ON THE 31<sup>ST</sup> DAY OF DECEMBER OF EACH YEAR IMMEDIATELY FOLLOWING ITS ISSUANCE.**

## Stony Point Peddlers Permit Fingerprints

NAME; \_\_\_\_\_

ADDRESS; \_\_\_\_\_

DATE OF BIRTH; \_\_\_\_\_

SS#; \_\_\_\_\_

1. R. THUMB

2. R. INDEX

3. R. MIDDLE

4. R. RING

5. R. LITTLE

6. L. THUMB

7. L. INDEX

8. L. MIDDLE

9. L. RING

10. L. LITTLE