

PEDDLER'S AND SOLICITOR'S LICENSE APPLICATION

Instructions for INDIVIDUAL Peddlers License

Applications must be submitted to the Town Clerk's office. The application **must be fully completed and notarized**. The background check and criminal record will be done prior to approval.

DOCUMENTS/FEEES TO BE SUBMITTED WITH APPLICATION:

- A copy of your New York State Driver License.
- New York State Sales Tax Number
- One Photograph (2 x 2 head and shoulders) taken no longer than sixty (60) days prior to submission of this application.
- **Application fee: \$ 75.00 for each person and \$100.00 for each vehicle, pushcart or trailer** shall be submitted together with the Application to the Town Clerk's Office in cash, check or money order made payable to the Newark Valley Town Clerk

Veterans must submit an exempt certificate to waive the required fee.

**APPLICATION FOR PEDDLING AND SOLICITING
INDIVIDUAL LICENSE**

A FALSE STATEMENT MADE HEREIN IS PUNISHABLE AS A CLASS "A" MISDEMEANOR
PURSUANT TO SECTION 210.45 OF THE PENAL LAW OF THE STATE OF NEW YORK

DATE: ____/____/20____

1. NAME _____

2. LEGAL ADDRESS _____

LOCAL ADDRESS _____

TELEPHONE NUMBER _____

3. DESCRIPTION OF APPLICANT:

D.O.B _____ AGE _____ HAIR _____

HEIGHT _____ WEIGHT _____ EYES _____

PLACE OF BIRTH _____

NY STATE DRIVER'S LICENSE# _____

4. APPLICANT'S PLACE OF RESIDENCE FOR THE PAST FIVE (5) YEARS:

5. APPLICANT'S BUSINESS OR EMPLOYER FOR THE PAST FIVE (5) YEARS:

6. NAME AND ADDRESS OF THE PERSON, FIRM OR CORPORATION THE APPLICANT
REPRESENTS OR IS EMPLOYED BY:

7. HAVE YOU BEEN PREVIOUSLY LICENSED FOR ANY OCCUPATION?

Yes _____ No _____

(a) IF YES, STATE WHAT TYPE OF LICENSE, WHERE AND WHEN

(b) WAS THE ABOVE LICENSE EVER SUSPENDED OR REVOKED?

Yes _____ No _____ IF YES, FOR WHAT REASON? _____

8. ARE YOU A FARMER, TRUCK GARDENER, OR A SOLICITOR ON BEHALF OF A RELIGIOUS, CHARITABLE, OR NONPROFIT ORGANIZATION? _____.

9. NATURE OF BUSINESS, TRADE, OCCUPATION AND/OR DESCRIPTION OF GOODS TO BE SOLD _____

PLEASE INDICATE THE LOCATION WHERE ANY SELLING OR SOLICITING WILL TAKE PLACE _____

NOTE: Changes of location must be approved by the Code Enforcement Officer

10. HAVE YOU OR THE COMPANY EVER BEEN CONVICTED OF ANY FELONY, MISDEMEANOR OR VIOLATION OF ANY MUNICIPAL ORDINANCE EXCEPT TRAFFIC VIOLATIONS? Yes _____ No _____

IF YES, STATE DATE, COURT, OFFENSE AND SENTENCE: _____

11. IF APPLICABLE, PLEASE PROVIDE A CURRENT CERTIFICATE FROM ANY OF THE FOLLOWING:

TIOGA COUNTY DEPT. OF HEALTH** _____

TIOGA COUNTY DEPT. OF WEIGHTS & MEASURES** _____

DEPT. OF TRAFFIC SAFETY COURSE (STREET VENDOR'S CERTIFICATION PROGRAM)** _____

****attach a copy of the applicable certificate**

12. CORPORATION OR PARTNERSHIP NAME, IF APPLICABLE

NAME _____ TITLE _____

ADDRESS _____

TELEPHONE _____

13. ARE YOU A VETERAN LIVING IN TIOGA COUNTY WITH A VETERAN'S LICENSE** Yes _____ No _____ **** If yes, attach a copy of the license**

14. N.Y.S. SALES TAX NUMBER _____

15. SOCIAL SECURITY NUMBER _____

OR IRS TREASURY DEPT. ID NUMBER _____

16. IF A VEHICLE IS TO BE USED, DO YOU HAVE THE SIGNS SPECIFIED IN SECTION 129-7? _____

NAME OF VEHICLE OWNER (MUST AGREE WITH NAME ON VEHICLE REGISTRATION) _____

STREET ADDRESS _____

IF LEASED, NAME OF LEASEE _____

STREET ADDRESS _____

MAKE OF VEHICLE _____ YEAR _____ TYPE _____ COLOR _____

REGISTRATION NUMBER _____ STATE _____

LICENSE PLATE NUMBER _____

17. BUSINESS REFERENCES LOCATED IN TIOGA COUNTY OR STATE OF NEW YORK

- 1. _____
- 2. _____

STATE OF NEW YORK, COUNTY OF TIOGA

I, _____, declare that I have read and do understand the Soliciting
PRINT NAME
 and Peddling Law of the Town of Newark Valley and
 being duly sworn depose and say that all the answers of the foregoing application are true.

SIGNATURE OF APPLICANT

DATE SIGNED

Sworn to before me

This _____ day
 of _____, 20____

Notary Public

For office use only:

DATE: _____ PERMIT # _____

FEE: Peddling _____ License Expires December 31, 20_____

VETERAN EXEMPTION: YES or NO **Document submitted with application**

DATE SENT TO DCJS _____ Copy of NYS Driver ID # _____

RETURNED FROM DCJS _____ NYS Tax ID # _____

PUBLIC SAFETY APPROVAL _____ (Two) Identical 2x2 Pictures _____

DATE NOTIFIED _____

DATE ISSUED _____ LICENSE # _____ INITIALS _____
