

Application for Peddling & Soliciting License

Please Print All Information

Date of Application: _____ Phone Number: _____

Name: _____

Permanent Address _____

Street City State Zip Code

Date of Birth: _____ Hair: _____ Eyes: _____ Sex: _____

Employed by: _____

Employers Address: _____

The Name and Address of All Entities Whose Products You intend to sell or for which you intend to Solicit Orders: _____

Name & Address of Person upon Whom Legal Notice May Be Served: _____

General Location of Sales:

Vehicle Description: Make _____ Model _____ Year _____

License No: _____

Itemized List of Products which applicant Will peddle, or services or which orders will Be solicited:

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

List of all Town, Villages or other Municipalities in which applicant has been licensed as peddler Or solicitor during the past (6) months:

Name of Town or Village Approximate Date Licensed Issued County State

Residents of Rockland County - Two (2) Business References in Rockland County

Non Residents of Rockland County- You need two (2) Letters of Reference for Company you work for:

Name, Address & Telephone No. of Person
Supervising Applicant's work:

Names, Address & Telephone No. of
Corporation Supervision of Applicant's work:

Have you ever been convicted of a crime? Yes No (Other than traffic infractions)

If yes, please fill in below:

Dates of Arrest: _____

Crime(s) of Arrest: _____

Arresting Agency _____

Disposition: _____

Enumeration of the number and kind of vehicle, 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 partnership, and the names and addresses of the principal Officers, if a corporation

Attach the following to the application:

- 1) Copies of forms of all orders and receipts to be used by applicant in taking orders and accepting payment, in part or all.
- 2) Copy of Rockland County Department of Health Certificate for a food business.
- 3) 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 Haverstraw or by any Department or Officer thereof.
- 4) Two (2) photographs of applicant (2x2 in size) taken within 30 days of application. One copy attached hereto, another to the license.
- 5) If the applicant is a non-profit corporation of the State of New York, a certified copy of its certificate of incorporation, together with any amendments or supplements thereto and proof of non-profit status

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

All places of sale or soliciting shall be handicapped accessible.

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.

Fees: \$75.00 Annual License Fee-Per Person
\$100.00 Annual vehicle Fee-For Each Vehicle

Applicant's Signature: _____

Date: _____

All licenses shall expire on the 31st. day of December of each year immediately it's insurance.

Chapter 123 -17 of The Code of the Town of Haverstraw provides for a Do Not Knock Registry. Annexed is a copy of this statute with a list containing names of owners/ occupants who have notified the clerk where the hawking and peddlers is not desired. If you solicit at these addresses, you will be held responsible for a minimum fine of \$500.00.