



277 OLD NYACK TURNPIKE, CHESTNUT RIDGE, NY 10977 / 845-425-2805 / FAX 845-352-6277

**APPLICATION FOR PEDDLING
AND SOLICITATION LICENCE**

**TO: FLORENCE MANDEL
VILLAGE CLERK**

**STATE OF NEW YORK
COUNTY OF ROCKLAND**

I, _____
(Print Name of Applicant)

RESIDING AT _____

NAME AND ADDRESS OF FIRM _____

**DO HEREBY UNDER OATH APPLY FOR A LICENSE PURSUANT TO THE PEDDLER
AND SOLICITATION LAW OF THE VILLAGE OF CHESTNUT RIDGE AND STATE AS
FOLLOWS:**

1. DATE OF BIRTH _____

2. COLOR OF HAIR _____

3. COLOR OF EYES _____

4. HEIGHT _____

5. WEIGHT _____

6. HOME TELEPHONE NUMBER _____

BUSINESS TELEPHONE NUMBER _____

7. ARE YOU SELF-EMPLOYED? _____
IF NOT, PLEASE INDICATE EMPLOYER'S NAME AND
ADDRESS: _____

8. I AM A CITIZEN OF _____

9. HAVE YOU OR YOUR FIRM EVER BEEN CONVICTED OF A
FELONY OR MISDEMEANOR? _____
IF SO, DETAILS ARE AS FOLLOWS:

10. HAVE YOU OR YOUR FIRM EVER BEEN ARRESTED? _____
IF YES, PLEASE STATE DATE AND NATURE OF ARREST:

11. LOCATION OF COURT AND DISPOSITION OF CASE

12. BRIEFLY DESCRIBE THE NATURE OF THE PARTIUCLAR BUSINESS, TRADE
OR OCCUPATION FOR WHICH LICENCE IS REQUIRED _____

13. INDICATE THE NUMBER AND KINDS OF VEHICLES TO BE USED IN CARRYING OUT
THE BUSINESS FOR WHICH LICENCE IS REQUIRED (INCLUDE MAKE AND TYPE OF
VEHICLE INCLUDING LICENSE NUMBERS AND INSURANCE
COMPANY) _____

14. DESCRIBE THE KIND OF GOODS, WARES, MERCHANDISE AND SERVICE FOR WHICH YOU WISH A LICENCE

15. ARE ALL YOUR SALES FOR FUTURE DELIVERY? _____

16. ARE YOU ENGAGED IN INTERSTATE COMMERCE? (SELLING FROM ONE STATE TO ANOTHER) _____

IF SO, GIVE THE BASIS FOR THE CLAIM _____

17. NAME, ADDRESS, AND TELEPHONE NUMBER OF THE PERSON OR CORPORATION YOU REPRESENT _____

18. IF PARTNERSHIP, NAMES AND ADDRESSES OF ALL PARTNERS AND THEIR PHONE NUMBERS _____

19. IF CORPORATION, NAMES AND ADDRESSES AND PHONE NUMBERS OF BOTH PRINCIPAL OFFICERS AND AGENTS _____

20. HOW LONG HAVE YOU BEEN IN THIS BUSINESS? _____

21. NAME, ADDRESSES AND PHONE NUMBERS OF THE PERSON UPON WHOM LEGAL NOTICES MAY BE SERVED WITHIN THE STATE OF NEW YORK

22. PLEASE INDICATE THE NAMES, ADDRESSES AND PHONE NUMBERS OF YOUR IMMEDIATE SUPERVISOR _____

23. LIST FIVE MUNICIPALITIE IN WHICH YOU HAVE WORKED WITHIN THE PAST TWELVE MONTHS _____

24. ARE YOU WILLING TO POST A BOND TO INSURE DELIVERY OF YOUR PRODUCTS IF YOU WERE SO REQUIRED? _____

25. ATTACHED HERETO ARE 2 RECENT PHOTOGRAPHS OF THE APPLICANT, SIZE 2X2, TAKEN WITHIN THE PAST 60 DAYS _____

26. HAS ANY MUNICIPALITY EVER REFUSED TO ISSUE, OR REVOKED YOUR LICENCE? _____

27. LENGTH OF TIME FOR WHICH THE LICENSE IS REQUESTED _____

28. REFERENCES (MUST BE TWO ROCKLAND COUNTY RESIDENTS, OR MUNICIPALITIES IN ROCKLAND OR ADJOINING COMMUNITIES)

(Name and Address)

29. ATTACH LETTER OF AUTHORIZATION FROM YOUR PRINCIPAL IF APPLICABLE _____

30. ATTACH SEALER OF WEIGHTS AND MEASURES CERTIFICATE IF APPLICABLE.

I AGREE THAT ANY ISSUED LICENCE HEREUNDER IS NULL AND VOID IF ANY OF THE FOREGOING STATEMENTS ARE NOT TRUE, OR IF THERE HAS BEEN ANY CONCEALMENT OF MATERIAL FACT.

(Applicant's Signature)