

Application for Peddling & Soliciting License

Please Print All Information

Date of Application: _____

Name: _____ Date of Birth: _____

Permanent Address: _____
Street City State Zip Code

Place of Birth: _____ Weight: _____ Height: _____

Hair: _____ Eyes: _____ Sex: _____

Social Security No.: _____ Phone No.: _____

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 No.: _____

License No.: _____

Itemized list of products which applicant
will peddle, or products, 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 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 Supervision Applicant's Work:
_____	_____
_____	_____
_____	_____

Have you ever been convicted of a crime: _____ Yes _____ No (Other than traffic infraction)

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 the following to the application:

- 1) Letter of authorization from Supplies 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 Department 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 Haverstraw or by any Department or Officer thereof.
- 5) Three (3) photographs of applicant (2x2 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 filled with finger print impressions.
- 6) Post a \$1,500.00 bond or the amount of \$1,500.00 to be held in escrow per applicant.
- 7) If the applicant is a nonprofit corporation of the State of New York, a certified copy of its certificate of incorporation, 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.
- 9) Certificate of Liability Insurance with the Town of Haverstraw listed as an additional insured.
- 10) Workers Compensation/Disability Insurance or Waiver from New York State Workers' Compensation Board.

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.

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: _____

Chief of Police Approval:

Date: _____

Signature: _____

Chief of Police Disapproval:

Date: _____

Signature: _____

Building Department Approval:

Date: _____

Signature: _____

Title: _____

Fees: \$75.00 Annual License Fee – Per Person

\$100.00 Annual Vehicle Fee – For Each Vehicle

All licenses shall expire on the 31st day of December of each year immediately following its insurance.