

LICENSE APPLICATION PERMIT # _____ of 20 _____

**HAWKERS, PEDDLERS AND SOLICITORS IN THE
TOWN OF POUGHKEEPSIE**

DATE _____

1) APPLICANT'S NAME _____

2) APPLICANT CURRENTLY RESIDES AT _____

3) TELEPHONE NUMBER: BUSINESS () _____

HOME () _____

4) SOCIAL SECURITY NUMBER _____

5) APPLICANT'S PERSONAL INFORMATION:

DATE OF BIRTH _____ PLACE OF BIRTH _____

(City and State)

6) IF APPLICATION INVOLVES USE OF VEHICLE IN ANY WAY AND/OR WILL BE PARKED
ON TOWN ROADS IF APPLICANT IS ON FOOT

APPLICANT'S STATE MOTOR VEHICLE REGISTRATION COPY ATTACHED, YES _____

APPLICANT'S LICENSE PLATE NUMBER USED IN BUSINESS _____

APPLICANT'S STATE DRIVER'S LICENSE _____

TYPE _____ EXPIRATION DATE _____

PROOF OF CURRENT COMMERCIAL LIABILITY INSURANCE POLICY FOR ALL
VEHICLES USED TO PEDDLE GOODS _____ YES

– WE NEED PHOTO COPIES WITH APPLICATION

BUSINESS NAME THAT APPEARS ON VEHICLE _____

EACH VEHICLE MUST HAVE ITS OWN SEPARATE LICENSE.

7) NEW YORK STATE SALES TAX IDENTIFICATION NUMBER _____

8) ARE YOU A VETERAN? YES _____ NO _____

HONORABLE DISCHARGE DATE _____

9) BUSINESS OR EMPLOYER FOR LAST FIVE YEARS: _____

10) HAVE YOU BEEN CONVICTED OF A FELONY, MISDEMEANOR OR VIOLATION OF ANY MUNICIPAL ORDINANCE, EXCEPT TRAFFIC VIOLATIONS?

YES _____ NO _____

IF YES, PLEASE LIST:

A. THE DATE OF CONVICTION: _____

B. THE COURT: _____

C. ORDINANCE VIOLATED _____

D. SENTENCE OF COURT _____

11) HAVE YOU BEEN PREVIOUSLY LICENSED IN THE TOWN OF POUGHKEEPSIE?

YES _____ NO _____

IF YES:

WHAT YEAR _____

WAS PREVIOUS LICENSE EVER REVOKED: YES _____ NO _____

IF YES:

DATE OF REVOCATION _____

12) REASON FOR LICENSE REVOCATION _____

13) PERSON, FIRM OR CORPORATION THE APPLICANT REPRESENTS OR IS EMPLOYED BY:

BUSINESS\MANAGER NAME: _____

ADDRESS: _____

BUSINESS TELEPHONE: _____

CONTACT EMAIL ADDRESS: _____

PROFIT _____ NON PROFIT _____

14) BUSINESS, TRADE OR OCCUPATION FOR WHICH THE LICENSE IS REQUESTED, INCLUDING A BRIEF DESCRIPTION OF THE NATURE OF THE BUSINESS AND THE KIND OF GOODS OR PROPERTY TO BE PEDDLED OR SOLICITED:

15) MANNER OR MEANS OF CONVEYANCE IN WHICH BUSINESS, TRADE OR OCCUPATION WILL BE CONDUCTED:

ON FOOT _____ BY VEHICLE _____ TYPE OF VEHICLE _____

IF ON FOOT WE NEED INFO FOR CAR WHICH WILL BE PARKED ON TOWN HIGHWAY

16) IF APPLICATION IS FOR A LICENSE TO HANDLE FOOD IN ANY FORM:

A. VALID PERMIT ISSUED BY DUTCHESS COUNTY HEALTH DEPARTMENT INDICATING COMPLIANCE WITH PROVISIONS OF THE DUTCHESS COUNTY PUBLIC HEALTH REGULATIONS:
DATE OF PERMIT _____

B. IF APPLICANT REQUIRES THE USE OF WEIGHING AND/OR MEASURING DEVICES:
DATE OF CERTIFICATE, NOT MORE THAN SIX MONTHS OLD _____

17) APPLICANT MUST PROVIDE ONE FULL RECENT PASSPORT –PHOTOGRAPH TAKEN WITHIN PAST 30 DAYS OF THE APPLICATION. NO REUSE OF PRIOR PHOTOS

18) THE LICENSE, AS DESCRIBED HEREIN, SHALL BE ISSUED AS APPLICATIONS ARE RECEIVED AND COULD TAKE UP TO THREE WEEKS TO PROCESS AND SHALL BE VALID FOR ONE CALENDAR YEAR, ENDING DECEMBER 31. IT SHALL BE THE

LICENSE HOLDER'S RESPONSIBILITY TO RENEW HIS OR HER LICENSE ONCE EXPIRED. THE TOWN SHALL NOT BE OBLIGATED TO SEND OUT REMINDER NOTICES OR RENEWAL FORMS.

EACH APPLICANT MUST PROVIDE WHEN DROPPING OFF WITH APPLICATION:

- ONE PASSPORT PHOTOGRAPH (LESS THAN 30 DAYS OLD)
- A DRIVER'S LICENSE AND PHOTOCOPY OF SAID LICENSE FOR OUR FILE
- PHOTO COPIES OF REGISTRATION AND INSURANCE FOR ANY/ALL VEHICLES TO BE USED
- PROVIDE NY STATE SALES TAX IDENTIFICATION NUMBER IF SELLING GOODS
- IF HANDLING FOOD, VALID PERMIT FROM D.C. HEALTH DEPARTMENT, CERTIFICATE FROM COUNTY SEALER OF WEIGHTS AND MEASURES IF DEALING WITH WEIGHTS AND MEASURES
- IF VETERAN, MUST BE HONORABLY DISCHARGED AND HAVE OBTAINED A VETERAN'S LICENSE FROM DUTCHESS COUNTY. YOU BE WAIVED THE FEE FOR PEDDLERS LICENSE BUT ARE STILL SUBJECT TO ALL PROVISIONS OF THE TOWN OF POUGHKEEPSIE TOWN CODE, CHAPTER 151 ON PEDDLING AND SOLICITING.
THE VETERAN AND THE APPLICANT MUST BE ONE AND THE SAME.
- BUSINESS CHECK OR MONEY ORDER MADE OUT TO "TOWN OF POUGHKEEPSIE" IN THE AMOUNT OF \$125.00 *PER* PEDDLER LICENSE WHEN APPLICATION IS MADE. THIS PROCESS COULD TAKE UP TO THREE WEEKS SO PLAN ACCORDINGLY.

SIGNATURE OF APPLICANT _____

SIGNATURE FROM TOWN CLERK'S OFFICE: _____

PERMIT ISSUED BY TOWN CLERK ON: _____,20__

PAID \$125.00, UNLESS VETERAN, ON: _____,20__
WITH PROOF OF LICENSE FROM COUNTY

FORMS ATTACHED FROM POLICE DEPARTMENT _____,20__

ACKNOWLEDGEMENTS

I have read the contents of this application and the information contained therein is true, accurate, and complete. I have read and understand the Rules and Regulations for this permit and understand that this permit may be revoked after given notice pursuant to Town of Poughkeepsie Code, Chapter 151 Entitled "Peddling and Soliciting" Section 151-13 Entitled "Revocation of License" for any of the reasons set forth therein.

The undersigned represents, stipulates, contracts, and agrees that the applicant and/or sponsor of the vending permitted pursuant to this application will jointly and severally indemnify and hold the Town of Poughkeepsie, Dutchess County, State of New York, harmless against liability, including court costs and attorney's fees, and attorney's fees on appeal, for any and all claims for damage to property, or injury to, or death of persons arising from the activities authorized by this vendor permit.

I hereby affirm, under penalty of perjury, that the information on this Statement set forth is true, accurate and complete to the best of my knowledge and I understand that my actions could cause revocation of this permit at any time should complaints be received.

Signature: _____

Printed Name: _____

Dated: _____

TOWN OF POUGHKEEPSIE
POLICE DEPARTMENT/LEGAL DEPARTMENT/TOWN CLERK'S OFFICE

Background Verification Authorization & Hold Harmless Statement.

To Whom It May Concern:

I hereby authorize and request any present or former employer, police department, criminal justice agency, department of motor vehicles, or other persons or organizations having personal knowledge about me, to furnish bearer with any and all information in their possession regarding me in connection with this application.

I am willing to allow a photocopy or fax copy of this authorization to be accepted with the same authority as the original, and I specifically waive any written notice from any present or former employer who may provide information based upon this authorized request.

I certify that all of the information provided on the Application is true and complete. I understand that falsification, misrepresentation, or omission of any material fact may be cause for rejection of my application.

I authorize the investigation of all statements contained in this application, or furnished elsewhere, as may be necessary for the Town to arrive at a decision for issuance.

I hold harmless and release from all liability the employer and all organizations or individuals furnishing information regarding my personal background that may be used in connection with this application.

**I HEREBY CONSENT TO RELEASE FROM THE ABOVE AGENCIES' FILES
THE INFORMATION REQUESTED.**

Applicant Name (Print) _____ Date: _____

Applicant Signature _____

Applicant Current Address(Street, City, State, Zip Code)

Previous Address if less than 2 years

[THIS PAGE FOR POLICE DEPARTMENT USE ONLY]

TOWN OF POUGHKEEPSIE
HAWKER, PEDDLER, AND SOLICITOR LICENSE

	YES	NO
1. Applicant's listed motor vehicle registration valid?	_____	_____
2. Applicant's listed motor vehicle registration proper for vehicle/use?	_____	_____
3. Applicant's driver license valid?	_____	_____
4. Applicant's driver license proper for listed vehicle/use?	_____	_____
5. Has the applicant a local police record, excluding traffic violations?	_____	_____

If yes: Date(s) of convictions (s) _____

Court location(s) _____

Law(s) _____

Sentence(s) _____

This is to certify that the above data as stated is true and correct according to the record on file in this office. This information is confidential and cannot be used in any other manner except for official purposes.

Certifying officer name/rank (print) _____

Certifying officer signature _____

Date certified _____