

LICENSE APPLICATION PERMIT # _____ 2019

**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 _____

APPLICANT'S LICENSE PLATE 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 COPY

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 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:

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 WILL PROVIDE ONE FULL RECENT PASSPORT –PHOTOGRAPH TAKEN WITHIN PAST 30 DAYS OF THE APPLICATION AND MEASURING AT LEAST 1 1/2 INCHES BY 1 1/2 INCHES.

18) THE LICENSE, AS DESCRIBED HEREIN, SHALL BE ISSUED AS APPLICATIONS ARE RECEIVED AND SHALL BE VALID FOR ONE CALENDAR YEAR, ENDING DECEMBER 31.

IT SHALL BE THE LICENSEE 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 SIZED 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**

SIGNATURE OF APPLICANT

SIGNATURE FROM TOWN CLERK'S OFFICE:

PERMIT ISSUED BY TOWN CLERK ON:

**PAID \$125.00, UNLESS VETERAN, ON:
WITH PROOF OF LICENSE FROM COUNTY**

FORMS ATTACHED FROM POLICE DEPARTMENT

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 notice and hearing 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.

Signed: _____

Dated: _____

Printed Name: _____

Subscribed and sworn to (or affirmed) before me this _____ day of
_____, 20_____.

Notary Public – Commissioner of Deeds

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.

Applicant Name (Print):

Date:

Applicant Signature:

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

Applicant Previous Address (if residing at current address for less than two (2) years
(Street, City, State, Zip Code)

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

(Date)

TOWN OF POUGHKEEPSIE
HAWKER, PEDDLER, AND SOLICITOR LICENSE

[FOR POLICE DEPARTMENT USE ONLY]

	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 corrected are 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 _____