APPLICATION FOR PEDDLING AND SOLICITING-VEHICLE LICENSE

Incorporated Village of Westhampton Beach
Phone (631) 288-165 ~ Fax (631) 288-4332

Date: _____ Date Application Received: _____

FEES: ☐ Peddler or Solicitor Annual Fee - **$50** ☐ Use of Peddling Vehicle (Max 5,000lbs) – an additional **$25**
Fee exemption for Veterans

1. APPLICANT'S NAME: _____
2. ADDRESS: _____
3. MAILING ADDRESS IF DIFFERENT FROM THE ONE ABOVE:
   _____
4. PHONE #: _____
   (LOCAL) (WORK) (OTHER)
5. NATURE OF BUSINESS OR DESCRIPTION OF GOODS TO BE SOLD:
   _____
6. NAME AND ADDRESS OF THE PERSON, FIRM OR CORPORATION THE APPLICANT REPRESENTS OR IS EMPLOYED BY: _____
7. HAVE YOU PREVIOUSLY BEEN LICENSED FOR ANY OCCUPATION? YES ___ NO___
   a. IF YES, STATE WHAT TYPE OF LICENSE, WHERE AND WHEN:
      _____
   b. WAS THE ABOVE LICENSE EVER SUSPSENDED OR REVOKED? YES ___ NO___
8. VEHICLE INFORMATION: (ATTACH A COPY OF THE VALID NYS VEHICLE REGISTRATION AND PROOF OF INSURANCE)
   OWNER OF VEHICLE: _____
   VEHICLE REGISTRATION #: _____ PLATE# _____
   YEAR_____ MAKE _____ MODEL _____ STATE _____
9. HAVE YOU OR THE COMPANY EVER BEEN CONVICTED OF ANY FELONY, MISDEMEANOR OR VIOLATION OF ANY MUNICIPAL ORDINANCE EXCEPT TRAFFIC VIOLATIONS? YES___ NO___
10. PLEASE PROVIDE A COPY OF CURRENT CERTIFICATION FORM OF THE FOLLOWING:
    SUFFOLK COUNTY DEPT. OF HEALTH _____
    SC DEPT. OF WEIGHTS & MEASURES _____
11. N.Y.S SALES TAX NUMBER _____
12. SOCIAL SECURITY NUMBER *OR* IRS TREASURY ID NUMBER _____
13. **REQUIRED -** 2 PHOTOGRAPHS OF APPLICANT (1.5 IN X 1.5 IN) **Photo must be recent and must clearly show head and shoulders of applicant.*

STATE OF NEW YORK, COUNTY OF SUFFOLK

I, _____ being duly sworn depose and say that all answers of the foregoing application are true.

_____
Signature of Applicant Date

Sworn to before me this
_____day of _____, 20_____

_____
Notary Public