

APPLICATION FOR PEDDLING AND SOLICITING-VEHICLE LICENSE
VILLAGE OF WESTHAMPTON BEACH
165 MILL ROAD
WESTHAMPTON BEACH, NY 11978
(631) 288-1654

1. APPLICANT'S NAME: _____

2. ADDRESS: _____

3. MAILING ADDRESS IF DIFFERENT FROM 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 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 SUSPENDED OR REVOKED? YES _____ NO _____

IF YES, FOR WHAT REASON: _____

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 _____

IF YES, STATE DATE, COURT, OFFENSE AND SENTENCE _____

10. PLEASE PROVIDE A COPY OF A CURRENT CERTIFICATE FROM ANY 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 _____

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