

**2008
TOWN OF ISLIP
APPLICATION FOR PEDDLING LICENSE**

Name _____ Social Security # _____

Home Address _____ Telephone# _____

Business Address _____

Date of Birth _____ Color of Eyes _____ Color of Hair _____

Complexion _____ Height _____ Weight _____

Nature of Business and Goods to be sold _____

Will you sell any products from a farm or orchard? _____ If yes, are they produced or grown by you? _____

Are you employed? _____ If yes, give name and address of employer and describe the exact relationship _____

For how long do you desire to peddle in Islip? _____

Are you going to use a vehicle in connection with your peddling? _____ If yes, answer these questions:

Make of Vehicle _____ License Plate # _____ Year _____

Insurance Policy # _____ Health Permit # _____ Expiration Date _____

Veterans Permit # _____ Unladen Weight _____ Laden Weight _____

Attach four (4) photographs of yourself taken within sixty (60) days of date of this application, being at least 2" x 2", showing your head and shoulders in a clear and distinguishing manner.

Give the names of at least two (2) reliable property owners of Suffolk County, New York who will certify as to your good character and business responsibility.

1) _____

2) _____

3) In lieu thereof, list other available evidence as to your good character and business responsibility, as will enable an investigator to properly evaluate your character and business responsibility.

If an individual, have you ever been convicted of any crime, misdemeanor or violation of any municipal ordinance other than those violations having to do with the regulation of vehicular traffic? _____ If yes, give details including dates, places of conviction, nature of offense charged, and the punishment or penalty assessed therefor (List on back).

****FALSE STATEMENTS MADE HEREIN SHALL BE GROUNDS FOR DENIAL OF LICENSE****

Date

Applicant's Signature
(Must be Notarized)

Notary

**** FOR OFFICE USE ONLY****

License No. _____ Date Issued _____ Receipt No. _____

License Fee: _____ Helper \$50.00 _____

Fingerprint Fee \$75 _____ Prints \$75.00 (Helper's Only) _____

Bd.of Health Certificate _____

Date of Conviction _____

Place of Conviction _____

Nature of Charge _____

Punishment or Penalty _____

Date of Conviction _____

Place of Conviction _____

Nature of Charge _____

Punishment or Penalty _____

Date of Conviction _____

Place of Conviction _____

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