



Kevin J. LaValle, Town Clerk

TC-19 rev. 3/25

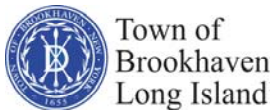
One Independence Hill, Farmingville, NY 11738
(631) 451-9101 FAX: 451-9264

TO BE FILLED OUT BY PEDDLER (PERSON SELLING) - FEE: \$150.00

1. WAR VETERAN? ☐ Yes ☐ No		2. IF YES, STATE LICENSE NUMBER:	
3. NAME: FIRST LAST MAIDEN NAME (IF APPLICABLE)		4. TELEPHONE NUMBER: EMAIL:	
5. STREET ADDRESS:		TOWN: STATE: ZIP:	
6. DATE OF BIRTH:	7. PLACE OF BIRTH:	8. HEIGHT:	9. WEIGHT:
10. SOCIAL SECURITY NUMBER:	11. COLOR OF EYES:	12. COLOR OF HAIR:	
13. APPLICANT'S PLACE OF RESIDENCE FOR PAST 5 YEARS: (USE ADDITIONAL SHEET IF NECESSARY)			
14. APPLICANT'S BUSINESS OR EMPLOYER FOR PAST 5 YEARS: (USE ADDITIONAL SHEET IF NECESSARY)			
15. HAVE YOU EVER BEEN CONVICTED OF A FELONY? ☐ Yes ☐ No	16. IF YES, DATE:	17. IF NOT APPLYING FOR VEHICLE PERMIT, WHAT ITEMS ARE YOU SELLING?	
18. WHO OWNS THE VEHICLE?		19. CURRENT VEHICLE PERMIT NUMBER:	
20. Items listed below must be submitted with application: 1. Valid NYS driver's license 2. NYS Sales Tax Certificate (if applicable) 3. One full-faced photo taken within 30 days, measuring 2" by 2" 4. Suffolk County Food Manager's Certificate (If applicable) 5. Insurance certificate showing a Commercial General Liability Insurance Policy of no less than \$1,000,000 per occurrence, \$2,000,000 aggregate naming the Town of Brookhaven as an additional insured. **All Insurance Certificates must be in Business Name.**			
21. SIGNATURE:		22. DATE:	

(CONTINUED NEXT PAGE)

For Office Use Only			
Permit #P:		#M:	Date:
Receipt#:		Transaction ID #:	
DCJS History:		SOR Confirmation:	



Kevin J. LaValle, Town Clerk

TC-19 rev. 7/24

One Independence Hill, Farmingville, NY 11738
(631) 451-9101 FAX: 451-9264

AUTHORIZATION FOR RELEASE OF INFORMATION

I, the undersigned, hereby authorize the release to the Town of Brookhaven Department of Public Safety, any and all records that relate to my background, including but not limited to records and reports of military service, local/state and federal law enforcement agencies, local/state and federal tax bureaus, credit bureaus, hospitals and institutions and psychological histories. I voluntarily authorize the Town of Brookhaven to make inquiry into my past criminal convictions in any state or federal court.

I authorize the release of results/findings of any polygraph examinations I have taken.

I authorize an inquiry be made of my past employer(s).

I authorize an inquiry be made of my present employer(s).

(Make note if you do not want your present employer contacted and why.)

I acknowledge by this authorization that I release any and all persons/institutions and legal entities from any and all obligation of liability arising from the release of records described herein to the parties herein.

NOTE: A copy of this authorization shall be considered effective and valid as the original.

Social Security Number

Date of Birth

Print Name

Street Address

City/Village/Town/State

Zip

Signature

Date

**STATE OF NEW YORK
COUNTY OF SUFFOLK**

On this _____ day of _____, 20____ before me personally came to me _____
_____ known to be the individual described in and who executed the foregoing instrument and
acknowledged that he executed the same.

Notary Public



Kevin J. LaValle, Town Clerk

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TO BE FILLED OUT BY OWNER OF VEHICLE - FEE: \$200.00

23. WAR VETERAN? ☐ Yes ☐ No		24. IF YES, STATE LICENSE NUMBER:	
25. NAME: FIRST LAST		26. TELEPHONE NUMBER: EMAIL:	
27. STREET ADDRESS:		TOWN:	STATE: ZIP:
28. DATE OF BIRTH:	29. PLACE OF BIRTH:	30. HEIGHT:	31. WEIGHT:
32. SOCIAL SECURITY NUMBER:		33. COLOR OF EYES:	34. COLOR OF HAIR:
35. APPLICANT'S PLACE OF RESIDENCE FOR PAST 5 YEARS: (USE ADDITIONAL SHEET IF NECESSARY)			
36. APPLICANT'S BUSINESS OR EMPLOYER FOR PAST 5 YEARS: (USE ADDITIONAL SHEET IF NECESSARY)			
37. TYPE OF VEHICLE:		38. LICENSE PLATE NUMBER:	39. NAME ON VEHICLE:
40. BUSINESS OR TRADE FOR WHICH LICENSE IS REQUESTED (ITEM SOLD):		41. HEALTH CERTIFICATE NUMBER (IF APPLICABLE):	
42. IF COOKING IN VEHICLE, DOES THE COOKING PRODUCE SMOKE OR GREASE LADEN VAPORS? ☐ Yes ☐ No		43. DO YOU HAVE A VALID MOBILE FOOD PREPARATION VEHICLE PERMIT FROM TOWN OF BROOKHAVEN FIRE PREVENTION? IF YES, LIST PERMIT NUMBER ☐ Yes ☐ No Number: _____	
44. HAVE YOU EVER BEEN CONVICTED OF A FELONY? ☐ Yes ☐ No		45. IF YES, DATE:	
46. ITEMS LISTED BELOW MUST BE SUBMITTED WITH APPLICATION: 1. Valid NYS Vehicle Registration 2. Suffolk County Health Certification (if applicable) 3. NYS Sales Tax Certificate (if applicable) 4. Brookhaven Fire Prevention Mobile Food Preparation Vehicle Permit 5. Insurance certificate showing an Automobile Insurance Policy with a minimum limit of \$1,000,000 naming the Town of Brookhaven as additional insured. Vehicle Identification Number (VIN) must be on certificate. 6. Insurance certificate showing a Commercial General Liability Insurance Policy of no less than \$1,000,000 per occurrence, \$2,000,000 aggregate naming the Town of Brookhaven as an additional insured. **All Insurance Certificates must be in Business Name.**			
47. SIGNATURE:		48. DATE:	