



TOWN OF OYSTER BAY,

OFFICE OF THE TOWN CLERK

PEDDLER'S AND SOLICITOR'S LICENSE APPLICATION

AUDREY AVENUE, OYSTER BAY, NEW YORK 11771
TELEPHONE: 516 624-6322

ALL INFORMATION MUST BE COMPLETED

PLEASE TYPE OR PRINT CLEARLY

TYPE OF APPLICATION (INDICATE WITH AN "X")
☐ NEW APPLICATION ☐ LICENSE RENEWAL

NAME OF APPLICANT				DATE OF BIRTH		SOCIAL SECURITY NO.		DO NOT ATTACH PHOTO	
STREET ADDRESS				HOME TELEPHONE		BUSINESS TELEPHONE			
POST OFFICE				ZIP CODE		CITIZENSHIP (INDICATE WITH AN "X") ☐ NATIVE BORN ☐ NATURALIZED ☐ ALIEN			
SEX (INDICATE WITH AN "X") ☐ MALE ☐ FEMALE		HEIGHT		WEIGHT		COLOR EYES		COLOR HAIR	
								DISTINGUISHING MARKS	
TYPE OF BUSINESS				SERVICE, GOODS OR PROPERTY TO BE PEDDLED OR SOLICITED					
INDICATE WITH AN "X" WHETHER OR NOT YOU USE SCALES OR MEASURES ☐ YES ☐ NO				IF SCALES OR MEASURES ARE USED IN YOUR BUSINESS, A CERTIFICATE ISSUED BY THE NASSAU CO. SEALER OF WEIGHTS & MEASURES MUST BE FILED WITH THIS APPLICATION.					
INDICATE WITH AN "X" WHETHER OR NOT A NASSAU CO. HEALTH DEPT. PERMIT IS REQUIRED. ☐ YES ☐ NO				DATE ISSUED		IF YOU HOLD A NASSAU CO. VALID VETERAN'S LICENSE TO PEDDLE OR SOLICIT GIVE NUMBER OF SAME.			

Complete the following information if you were ever convicted of any crime or offense. In Addition, also list all violations of any traffic law, ordinance or regulation for which you have been convicted in the last eighteen months.

DATE	CRIME, OFFENSE OR TRAFFIC VIOLATION	NAME OF COURT	LOCATION OF COURT	PENALTY IMPOSED
IF EMPLOYED BY ANOTHER PERSON, GIVE NAME OF EMPLOYER		STREET ADDRESS		POST OFFICE
				ZIP CODE

LIST YOUR EMPLOYMENT RECORD FOR THE PAST TEN (10) YEARS. LIST PRESENT OR LAST EMPLOYER FIRST.

DATES		EMPLOYER'S NAME	EMPLOYER'S ADDRESS	YOUR POSITION
FROM	TO			

Please complete the "VEHICLE LICENSE APPLICATION" below if you intend to use a motor vehicle for peddling and soliciting.

VEHICLE LICENSE APPLICATION

NAME OF VEHICLE OWNER (MUST AGREE WITH NAME ON VEHICLE REGISTRATION)				IF LEASED, NAME OF LESSEE			
STREET ADDRESS				STREET ADDRESS			
POST OFFICE		ZIP CODE		POST OFFICE		ZIP CODE	
YEAR AND MAKE OF VEHICLE		VEHICLE IDENTIFICATION NO.		BODY TYPE		UNLADEN WEIGHT	
						MAX. GROSS WT.	
LICENSE PLATE NO.		EXPIRATION DATE		TYPE OF MERCHANDISE FOR WHICH VEHICLE WILL BE USED			

State of New York } ss.
County of Nassau }

Sworn to before me this.....

day of

NOTARY PUBLIC

NOTE: Applicants who are required to carry Workmen's Compensation Insurance and Disability Insurance must present forms C-105.2 and DB-120.1 with this application.

Applicants who are not required to carry Workmen's Compensation Insurance and Disability Insurance must present form C-105.21 with this application.

I have read the Hawking and Peddling Ordinance of the Town of Oyster Bay and agree to abide by its terms and conditions.

I solemnly swear to the truth of the above statements.

SIGNATURE OF APPLICANT

APPLICANT DO NOT WRITE IN THE SPACES BELOW. FOR OFFICE USE ONLY.

TAB NO. ISSUED	PERSONAL LICENSE NO.	DATE ISSUED	FEE PAID	ISSUED BY
	VEHICLE LICENSE NO.	DATE ISSUED	FEE PAID	ISSUED BY

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BLUE—NASSAU CO. POLICE

TC-PSLA-8(8/89)