



Town of Ossining 2024 Peddler's Application

Expires 12/31/2024



The following application is for a permit to peddle, canvass, solicit or vend goods, wares & merchandise

Applicant's Information

Name of Applicant: _____

Phone #: _____ Email: _____

Address: _____

Date of Birth: _____ Age: _____ Height: _____

Weight: _____ Eye Color: _____ Hair Color: _____

Have you ever been convicted of a crime, misdemeanor or disorderly conduct offense? Yes No

If yes, state nature of offense, where and when so convicted, and penalty imposed below.

Has any license previously issued for hawking, peddling or soliciting been revoked? Yes No

If yes, state licensing authority, the date of revocation and the reason for revocation.

Employment Information

Please fill out the table corresponding to the status of your employment

Status of Employment	Name & Address of Business/Employer/Organization	Phone & Email
Self-Employed		
Employed/Under contract with another person, firm, or corporation		
Volunteer for a non-profit		

Hawking, Peddling, & Vending Information

Goods, services or wares to be sold: _____

Please state below days/dates and routes of hawking, peddling, or vending

Will a vehicle be used to hawk/peddle/vend? Yes (Fill out table below) No

Year		Make	
State, License Plate		VIN	
Registration's Exp. Date		Driver's License No.	

Attachments

Please attach the following with you application:

1. Fingerprints (only if new applicant – see page 3 for instructions)
2. Food vendors must present Certification from Westchester County Department of Health
3. A full face picture for permit

Fee Due

- Yearly Permit \$100
- Daily Permit \$25 (Date Used: _____)
- Non-Profit/ U.S. Armed Force Veterans \$0

TO BE COMPLETED IN PRESENCE OF A NOTARY

STATE OF NEW YORK)
COUNTY OF WESTCHESTER)
TOWN OF OSSINING)

_____, being duly sworn, deposes and says he/she is the individual making the application and that the answers to the foregoing questions and all statements contained therein are true if his/her own knowledge and belief.

(Signature of Applicant)

Sworn to before me on this
_____ day of _____, 20_____

Notary Public Signature

****** Return Completed Application to the Town Clerk's Office at 16 Croton Ave, Ossining, NY 10562******

Fingerprint Information

1. Make an appointment through L1 Enrollment for fingerprints by either
 - a. Going online: WWW.L1ENROLLMENT.COM or
 - b. Calling 1-877-472-6915
2. Provide them with the following information:
 - License fingerprint information for OPD: NY0590500
 - Service Code: 154KKB
3. Attach to your application a copy of the fingerprint receipt given to you by the center.