



MARY ANN ROBERTS
TOWN / VILLAGE CLERK

TOWN OF OSSINING VILLAGE OF OSSINING

MUNICIPAL BUILDING

16 Croton Avenue

Ossining, NY 10562
Phone (914) 762-8428
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2017 PEDDLER'S APPLICATION TOWN OF OSSINING

APPLICATION FOR A PERMIT TO PEDDLE CANVASS, SOLICIT OR VEND GOODS, WARES AND MERCHANDISE

Name of Applicant: _____

Applicant's Home Address: _____

Phone Number: _____

Local Address: _____

Phone No. _____

Applicant's Birth Date: _____ Age: _____ Height: _____ Weight: _____

Eye Color: _____ Hair Color: _____

Name/Address/Phone No. of organization or person for whom solicitation is being
made: _____

Description of the nature of the business and the goods, services or wares to be
sold: _____

State whether or not applicant has been convicted of a crime, misdemeanor or disorderly conduct offense and where and when so convicted, the nature of the offense and the penalty if any: _____

Has any license previously issued to applicant for hawking, peddling or soliciting been revoked, and if so, a statement setting forth in each instance the licensing authority, date of revocation and reason therefore: _____

Indicate days, dates and routes of business or solicitation: _____

If applicant proposes to use or operate a vehicle in connection with his proposed activities, give description of vehicle: Year _____ Make _____ Model _____ Plate No. _____
VIN #: _____ Driver's License No.: _____
State: _____ Exp. Date: _____

Two (2) clear photographs of applicant, 2 1/2 inches x 2 1/2 inches in full face position.

Food vendors must present Certification from Westchester County Department of Health.
Each applicant must be fingerprinted by the Ossining Town Police Department.

Application Fee: \$100 Certified Check made payable to: Town of Ossining
\$99 Certified Check made payable to: DCJS

(Exempt from fees)
U.S. Armed Force Veterans
Non-profit organizations

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 this _____ day
Of _____, 2010

Notary Public

(For official use only)

Date Fingerprinted _____

Police Department: Approved _____ Denied _____

Signature / Chief of Police