

APPLICATION FOR LICENSE OR PERMIT
VENDORS – PEDDLERS - SOLICITORS

Town Of Essex
Office of the Town Clerk
2313 Main St
PO Box 45
Essex, NY 12936-0045

518-963-4287 ext. 3

NAME _____ DOB _____ LICENSE # _____

LEGAL MAILING ADDRESS _____

_____ TEL. NO. _____

LOCAL MAILING ADDRESS _____

_____ TEL. NO. _____

Are you a United States Citizen? _____ If not state country of citizenship, type of visa or status (i.e. resident or alien)
in the U.S. _____

Name, address and telephone number of firm or organization represented: _____

Valid NYS Sales Tax Number _____

Name and address within State of New York of a person upon whom legal notice or process may be served _____

What type of business will you be conducting? _____

What type of goods? _____

If vehicle(s) is to be used, list as following:

Year/Make/Model

Color

License #/Issuing State

Have you ever been convicted of a crime, misdemeanor or violation or violation of any municipal ordinance or local law?
_____ If yes, list what crime(s) misdemeanor(s) or violation(s) and what was the punishment or penalty assessed
thereof? _____

List all other municipalities in which you have peddled or hawked. List inclusive dates of these activities for the last three year period. Also list previous vendor license permit number and indicate which is still in effect.

Municipality

License Number

Dates in that area

List the names, addresses and telephone number of at least two (2) reliable property owners in the County of Essex or Clinton in the State of New York who will certify as to your good character and business responsibility.

Name

Address

Telephone #

How many years known

Date_____ Applicants Signature_____

License Issuance Date_____

Essex Town Clerk