

APPLICATION DATE _____
PERMIT # _____
DATE _____
EXPIRATION DATE _____

TOWN OF YORKTOWN
PERMIT APPLICATION
PURSUANT TO CHAPTER 219 OF THE CODE OF THE TOWN OF YORKTOWN

THIS APPLICATION WILL NOT BE PROCESSED UNLESS IT IS COMPLETELY FILLED OUT.

NAME _____

ADDRESS _____

DATE OF BIRTH _____ SOC. SEC. # _____ DAYTIME PHONE # _____

DRIVER'S LICENSE NUMBER _____

FOR PEDDLERS:

LIST OF GOODS AND SERVICES TO BE SOLD: _____

COUNTY HEALTH PERMIT # _____ VETERAN'S LICENSE# _____

STATIONARY LOCATION: _____

NON-STATIONARY ROUTE TO BE FOLLOWED _____

FOR SOLICITORS AND CANVASSERS:

ORGANIZATION NAME AND ADDRESS (IF APPLICABLE) _____

IS YOUR ORGANIZATION REGISTERED WITH THE NEW YORK STATE'S ATTORNEY GENERAL CHARITIES BUREAU YES _____ NO _____
IF YES, PLEASE PROVIDE A CERTIFIED COPY OF CERTIFICATE OF INCORPORATION

PROVIDE A SAMPLE OF LITERATURE TO BE CANVASSED

DATES: _____ TIMES: _____

LOCATIONS: _____

BUSINESS REFERENCES LOCATED IN WEST. COUNTY OR STATE OF N.Y.:

1. _____

2. _____

CHECK BOX FOR APPROPRIATE PERMIT AND FEES

FEE SCHEDULE:	<input type="checkbox"/> PEDDLER/SOLICITOR W/MOTORIZED VEHICLE.	\$500.00
(YEARLY)	<input type="checkbox"/> EACH ADDITIONAL AGENT	\$ 50.00
	<input type="checkbox"/> FOOT PEDDLER/SOLICITOR	\$ 50.00
	<input type="checkbox"/> *SEASONAL SALES	\$100.00

RETURN APPLICATION WITH (3) 1X1 PHOTOS TAKEN WITHIN ONE (1) MONTH OF THIS APPLICATION TO THE TOWN CLERK'S OFFICE, ALONG WITH APPROPRIATE FEE.