

APPLICATION DATE: \_\_\_\_\_  
PERMIT NO: \_\_\_\_\_  
DATE: \_\_\_\_\_  
EXPIRATION DATE: \_\_\_\_\_

**TOWN OF YORKTOWN  
PEDDLERS AND SOLICITORS PERMIT APPLICATION  
PURSUANT TO CHAPTER 219 OF THE CODE OF THE TOWN OF YORKTOWN**

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

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ SOCIAL SECURITY NO: \_\_\_\_\_

DRIVER'S LICENSE STATE & NO: \_\_\_\_\_ DAYTIME PHONE NO: \_\_\_\_\_

**FOR PEDDLERS:**

LIST OF GOODS AND SERVICES TO BE SOLD: \_\_\_\_\_

COUNTY HEALTH PERMIT NO: \_\_\_\_\_ VETERAN'S LICENSE NO: \_\_\_\_\_

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 ATTORNEY GENERAL'S CHARITIES BUREAU? YES \_\_\_\_ NO \_\_\_\_ (IF YES, PLEASE PROVIDE A CERTIFIED COPY OF CERTIFICATE OF INCORPORATION.)

***PLEASE PROVIDE A SAMPLE OF LITERATURE TO BE CANVASSED.***

DATES: \_\_\_\_\_ TIMES: \_\_\_\_\_

LOCATIONS: \_\_\_\_\_

BUSINESS REFERENCES LOCATED IN WESTCHESTER COUNTY OR STATE OF NY:

1. \_\_\_\_\_

2. \_\_\_\_\_

\*\*\*\*\*

**CHECK BOX FOR APPROPRIATE PERMIT AND FEES**

FEE SCHEDULE (YEARLY):	<input type="checkbox"/> PEDDLER/SOLICITOR W/MOTORIZED VEHICLE	\$500.00
	<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 **THREE (3) 1" X 1" PHOTOS** TAKEN WITHIN ONE (1) MONTH OF THIS APPLICATION TO THE TOWN CLERK'S OFFICE ALONG WITH APPROPRIATE FEE.

**PURSUANT TO THE TOWN CODE OF THE TOWN OF YORKTOWN, SECTION 219-6:**

“The Town Clerk and the Police Department shall investigate all applications once properly completed and signed by the applicant.”

**CONFIDENTIAL INFORMATION RELEASE AUTHORIZATION**

No institution may give out confidential information concerning an individual without the consent of the individual or legal guardian. The signature should be witnessed.

TO: The Yorktown Police Department  
2281 Crompond Road  
Yorktown Heights, NY 10598

The Yorktown Town Clerk  
363 Underhill Avenue  
Yorktown Heights, NY 10598

I, \_\_\_\_\_, hereby grant full permission for the above named to  
(Name of Applicant)

correspond with each other and/or exchange any and all information regarding my permit application with the Town of Yorktown without restriction of any kind.

\_\_\_\_\_  
Applicant Signature

Witness: \_\_\_\_\_

Date: \_\_\_\_\_

State of New York )  
County of \_\_\_\_\_ )

On this, the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me a notary public, the undersigned officer, personally appeared \_\_\_\_\_, known to me (or satisfactorily proven) to be the person whose name is subscribed to the within instrument, and acknowledged that he executed the same for the purposes therein contained.

In witness hereof, I hereunto set my hand and official seal.

\_\_\_\_\_  
Notary Public

My commission expires on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.