

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	\$150.00
	<input type="checkbox"/> SEASONAL SALES	\$120.00
	<input type="checkbox"/> SPECIAL EVENT PERMIT (PER EVENT)	\$25.00

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.