



**TOWN OF RAMAPO  
ROCKLAND COUNTY, N. Y.**

**APPLICATION FOR PEDDLING AND SOLICITING LICENSE**

TO THE TOWN CLERK  
TOWN OF RAMAPO

STATE OF NEW YORK        )  
COUNTY OF ROCKLAND    )        SS:  
TOWN OF RAMAPO         )

I .....

RESIDING AT .....

PLACE OF BUSINESS AT .....

DO HEREBY UNDER OATH APPLY FOR A LICENSE PURSUANT TO THE PEDDLER AND SOLICITOR LAW OF THE TOWN OF RAMAPO AND STATE AS FOLLOWS:

1. FULL NAME AND AGE OF APPLICANT WITH DATE OF BIRTH  
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  2. HOME ADDRESS AND TELEPHONE NUMBER .....
  3. BUSINESS ADDRESS .....
  4. ARE YOU SELF-EMPLOYED? .....
- IF NOT, INDICATE EMPLOYER'S NAME AND ADDRESS .....
- .....

5. I AM A CITIZEN OF .....

6. HAVE YOU EVER BEEN CONVICTED OF A FELONY OR MISDEMEANOR? .....

IF SO, DETAILS ARE AS FOLLOWS .....

7. BRIEFLY DESCRIBE THE NATURE OF THE PARTICULAR BUSINESS, TRADE OR  
OCCUPATION FOR WHICH THE LICENSE IS REQUIRED .....

8. INDICATE THE NUMBER AND KINDS OF VEHICLES TO BE USED IN CARRYING  
OUT THE BUSINESS FOR WHICH LICENSE IS REQUIRED (INCLUDE MAKE AND  
TYPE OF VEHICLE, INCLUDE LICENSE NUMBERS AND INSURANCE COMPANY)

9. DESCRIBE THE KIND OF GOODS, WARES, MERCHANDISE AND SERVICE FOR  
WHICH YOU WISH A LICENSE .....

10. ARE ALL YOUR SALES FOR FUTURE DELIVERY? .....

11. ARE YOU ENGAGED IN INTERSTATE COMMERCE? (SELLING FROM ONE STATE  
TO ANOTHER)

IF SO, GIVE THE BASIS FOR THAT CLAIM .....

12. WOULD IMPOSITION OF THE NORMAL LICENSE FEE SERVE AN UNDUE BURDEN ON YOUR INTERSTATE BUSINESS ACTIVITIES? .....

IF SO, HOW MUCH OF A FEE WOULD YOU BE ABLE TO PAY AND WOULD YOU WANT THE TOWN CLERK TO ADJUST THE FEE ACCORDINGLY SO IT IS NO LONGER BURDENSOME? .....

13. NAME AND ADDRESS OF THE PERSON, AND TELEPHONE NUMBER OF FIRM OR CORPORATION YOU REPRESENT .....

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14. IF PARTNERSHIP, NAMES, ADDRESSES AND TELEPHONE NUMBERS OF ALL PARTNERS .....

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15. IF CORPORATION, NAMES, ADDRESSES AND TELEPHONE NUMBERS OF BOTH PRINCIPAL OFFICERS AND AGENTS .....

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16. HOW LONG HAVE YOU BEEN IN THIS BUSINESS? .....

17. NAME, ADDRESS AND TELEPHONE NUMBER OF PERSON UPON WHOM LEGAL NOTICES MAY BE SERVED WITHIN THE STATE OF NEW YORK .....

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18. PLEASE INDICATE NAME, ADDRESS AND TELEPHONE NUMBER OF YOUR IMMEDIATE SUPERVISOR .....

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19. LIST FIVE MUNICIPALITIES IN WHICH YOU HAVE WORKED WITHIN THE PAST TWELVE MONTHS .....

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20. ARE YOU WILLING TO POST A BOND TO INSURE DELIVERY OF YOUR PRODUCTS IF YOU WERE SO REQUIRED? .....

21. ATTACHED HERETO ARE THREE (3) RECENT PHOTOGRAPHS (2X2) AND TWO (2) FINGER PRINTS OF MY LEFT AND RIGHT HAND.

22. HAS THE TOWN OF RAMAPO EVER REFUSED OR REVOKED YOUR LICENSE? .....

I AGREE THAT ANY LICENSE ISSUED HEREUNDER IS NULL AND VOID IF ANY OF THE FOREGOING STATEMENTS ARE NOT TRUE, OR IF THERE HAS BEEN ANY CONCEALMENT OF A MATERIAL FACT.

\_\_\_\_\_  
SIGNATURE

SUBSCRIBED AND SWORN TO BEFORE  
ME THIS .....DAY OF

....., 20.....

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TOWN CLERK