

### APPLICATION FOR PEDDLING LICENSE

Name of Applicant: \_\_\_\_\_

Address of Applicant: \_\_\_\_\_

Phone Number of Applicant: \_\_\_\_\_

Business Name: \_\_\_\_\_

If incorporated set forth principal officers of your corporation on a separate sheet annexed hereto

Address of Business: \_\_\_\_\_

Telephone Number of Business: \_\_\_\_\_

### VEHICLE INFORMATION

If a vehicle is used in the operation of peddling, please list the following information

**VEHICLE YEAR**

**VEHICLE MAKE**

**REGISTRATION NUMBER/  
STATE**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### INSURANCE

#### Vehicle Insurance Policy

Name of Company: \_\_\_\_\_

Policy #: \_\_\_\_\_

Amounts of Coverage: \_\_\_\_\_

#### General Liability Insurance

Name of Company: \_\_\_\_\_

Policy #: \_\_\_\_\_

Amounts of Coverage: \_\_\_\_\_

A copy of the insurance binder of policy must be annexed hereto. Each policy must show endorsement to provide the Village of Harriman with ten days' notice of any material change or intention to cancel said policy for any cause.

**A brief description of the type or types of articles or services for which sales, purchases or orders are to be solicited:** \_\_\_\_\_

**A statement as to the approximate amount to be collected by the applicant and whether in full or partial payment:** \_\_\_\_\_

**The length of time during which the applicant intends to remain in the Village of Harriman for the purpose of engaging in such activity:** \_\_\_\_\_

**Does your business involve "weighing" a product?** \_\_\_\_\_

If yes, please attach a certificate from NYS Sealer of Weights and Measures certifying that all weighing and measuring devices to be used have been examined and approved by that office.

**Does your business involve the handling of food?** \_\_\_\_\_

If yes, please attach a license from the Orange County Health Department.

### APPLICATION FOR PEDDLING LICENSE

**ARE YOU LICENSED TO PEDDLE IN ANY OTHER MUNICIPALITY? YES NO**

IF SO PLEASE LIST EACH LICENSE

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**HAVE YOU EVER BEEN DENIED OR HAD A PEDDLERS LICENSE IN ANY STATE OR MUNICIPALITY  
REVOKED?**

YES

NO

If so explain \_\_\_\_\_

**Have you ever been convicted of any crime and, if so, the place where, the nature of the offense and  
the punishment or penalty assessed therfor or if the matter is pending**

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### DRIVERS INFORMATION

How many drivers do you currently employ? \_\_\_\_\_

List the name, date of birth and driver's license  
number of each driver you currently employ:

**DRIVERS FULL NAME**

**DATE OF BIRTH**

**DRIVERS LICENSE NUMBER**

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(This list must be updated and kept on file in the Village Clerk's Office)

I hereby affirm that each and every statement set forth in this application is true to the best of my knowledge. I hereby give permission to the Village of Harriman to investigate the reputation of my business through credit reports, The Department of Motor Vehicles, present and former customers, and any other source the Village of Harriman may Deem necessary to act upon this application

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

### APPLICATION FOR PEDDLING LICENSE

As per Village Code Section §74-5 E, the fee for a hawking and peddlers license is \$200.00 per year. Such fee will be waived if applicant meets the requirement in Section 102-11.

Also all applicants must submit a copy of all driver's licenses, vehicle registration, vehicle insurance and company or corporation's insurance with this application. If you are working for a person, firm or corporation for which the applicant proposes to do business you need credentials authorizing the applicant to act as such representative. If you are a company or corporation each natural person employed as a vendor or solicitor is required to apply for and obtain a license.

The Police Dept of the Village of Harriman shall make such investigation as it shall deem necessary in connection with the issuance of such license.

**ANY FALSE STATEMENTS CONTAINED IN THIS APPLICATION SHALL BE GROUNDS FOR DENIAL/REVOCAION ON THE LICENSE.**

**ANY QUESTIONS, PLEASE CONTACT THE DEPUTY CLERK, BARBARA SINGER AT 845-783-4421.**

The above license is \_\_\_\_\_ APPROVED \_\_\_\_\_ DISAPPROVED

Signature of Representative from Police Department: \_\_\_\_\_

