TOWN OF OYSTER BAY,
OFFICE OF THE TOWN CLERK
PEDDLER’S AND SOLICITOR’S LICENSE APPLICATION

PLEASE TYPE OR PRINT CLEARLY

NAME OF APPLICANT
STREET ADDRESS
POST OFFICE
SEX (INDICATE WITH AN “X”):
SEX (INDICATE WITH AN “X”)
MALE □ FEMALE ●
WEIGHT
WEIGHT
COLOR EYES
COLOR HAIR

SUPPORTING INFORMATION

CITIZENSHIP (INDICATE WITH AN “X”):
□ NATIVE BORN □ NATURALIZED □ ALIEN

INDICATE WITH An “X” WHETHER OR NOT YOU USE SCALES OR MEASURES:
□ YES □ NO

IF SCALES OR MEASURES ARE USED IN YOUR BUSINESS, A CERTIFICATE ISSUED BY THE
NASSAU CO. SEALER OF WEIGHTS & MEASURES MUST BE FILLED WITH THIS APPLICATION.

COMPLETE THE FOLLOWING INFORMATION IF YOU WERE EVER CONVICTED OF ANY CRIME OR OFFENSE. IN ADDITION, ALSO LIST ALL VIOLATIONS OF ANY TRAFFIC
LAW, ORDINANCE OR REGULATION FOR WHICH YOU HAVE BEEN CONVICTED IN THE LAST EIGHTEEN MONTHS.

DATE CRIME, OFFENSE OR TRAFFIC VIOLATION NAME OF COURT LOCATION OF COURT PENALTY IMPOSED

LIST YOUR EMPLOYMENT RECORD FOR THE PAST TEN YEARS. LIST PRESENT OR LAST EMPLOYER FIRST.

DATES FROM TO EMPLOYER’S NAME EMPLOYER’S ADDRESS YOUR POSITION

COMPLETE THE “VEHICLE LICENSE APPLICATION” BELOW IF YOU INTEND TO USE A MOTOR VEHICLE FOR PEDDLING AND SOLICITING.

VEHICLE LICENSE APPLICATION

NAME OF VEHICLE OWNER (MUST AGREE WITH NAME ON VEHICLE REGISTRATION): IF LEASED, NAME OF LESSEE

STREET ADDRESS STREET ADDRESS

POST OFFICE POST OFFICE

ZIP CODE ZIP CODE

YEAR AND MAKE OF VEHICLE VEHICLE IDENTIFICATION NO. BODY TYPE UNLADEN WEIGHT MAX. GROSS WT.

LICENSE PLATE NO. EXPIRATION DATE TYPE OF MERCHANDISE FOR WHICH VEHICLE WILL BE USED

State of New York
County of Nassau
Sworn to before me this...

day of

NOTARY PUBLIC

NOTE: Applicants who are required to carry Workmen’s Compensation Insurance and Disability Insurance must present forms C-105.2 and DB-120.1 with this application.

Applicants who are not required to carry Workmen’s Compensation Insurance and Disability Insurance must present form C-105.21 with this application.

I have read the Hawking and Peddling Ordinance of the Town of Oyster Bay and agree to abide by its terms and conditions.

I solemnly swear to the truth of the above statements.

SIGNATURE OF APPLICANT

APPLICANT DO NOT WRITE IN THE SPACES BELOW, FOR OFFICE USE ONLY.

TAB NO. ISSUED PERSONAL LICENSE NO. DATE ISSUED FEE PAID

VEHICLE LICENSE NO. DATE ISSUED FEE PAID

ISSUED BY

COPY DISTRIBUTION
WHITE—TOWN CLERK BLUE—NASSAU CO. POLICE
TC-PSLA-8/08/08

Sample