

TOWN OF SOUTHAMPTON

Main Office

116 HAMPTON ROAD
SOUTHAMPTON, NY 11968

Phone: (631) 287-5740

Fax: (631) 283-5606



Town Clerk Annex

Phone: (631) 723-2712

Fax: (631) 723-3080

Website:

www.southamptontownny.gov

OFFICE OF TOWN CLERK SUNDY A. SCHERMEYER

2019 REQUIREMENTS FOR INDIVIDUAL LICENSE: PEDDLING AND SOLICITING

License Fee per individual: \$350.00

Cash, check or money order payable to the "Town of Southampton".

Expires: December 31st, Midnight

FINGERPRINT PROCESS

1. All new applicants and non-consecutive yearly renewals must be fingerprinted.
2. Fingerprinting instructions will be provided upon submission of a completed application.

Note: Failure to have fingerprints done in a timely fashion may cause a delay in the issuance of the license.

DOCUMENTS TO BE SUBMITTED WITH APPLICATION:

- **NEW YORK STATE DRIVER'S LICENSE**
Copy of your New York State Driver's License
- **NEW YORK STATE SALES TAX NUMBER**
Copy of the NYS Sales Tax Certificate
- **PHOTOGRAPHS**
Two (2) identical photographs (**2 x 2 head and shoulders**) taken no longer than sixty (60) days prior to submission of completed application.

***Veterans must submit a copy of the Suffolk County Peddler's License to have the Town of Southampton application fees waived**

PLEASE NOTE: Town Clerk's Additional Fees:

- Fee for notarizing application - \$1.00
- Copies per page - \$.25

Fees are non-refundable and due when the application is submitted.

TOWN OF SOUTHAMPTON

Main Office

116 HAMPTON ROAD
SOUTHAMPTON, NY 11968

Phone: (631) 287-5740

Fax: (631) 283-5606



Town Clerk Annex

Phone: (631) 723-2712

Fax: (631) 723-3080

Website:

www.southamptontownny.gov

OFFICE OF TOWN CLERK
SUNDY A. SCHERMAYER

2019
REQUIREMENTS FOR INDIVIDUAL LICENSE:
PEDDLING AND SOLICITING

For Office Use Only

License # : _____

Date: _____

Initials: _____

PERSONAL INFORMATION

Name: _____ Last _____ First _____ Middle Initial _____

Any names previously used (alias): _____

Social Security # or IRS Treasury ID #: _____ Marital Status: _____

Cell Telephone #: _____ Alternate Telephone #: _____

Address (Physical): _____

Address (Mailing, if different from above): _____

Applicant's place of residence for the past five (5) years: _____

Applicant's place of business or employer for the past five (5) years: _____

Date of Birth: _____ Age: _____ Place of Birth: _____

Eye Color: _____ Hair Color: _____ Height: _____ Weight: _____

LICENSING INFORMATION:

NYS Driver's License I.D. #: _____ Class: _____

Authorization to Conduct Examination of Driving Record: _____ YES _____ NO

Has your Driver's License (of any class, issued by any state) been suspended or revoked within the past eighteen (18) months? _____ YES _____ NO

If Yes: Court: _____ Date: _____ Cause: _____

Have you ever been convicted of a felony, misdemeanor or violation of any municipal ordinance or local law (not including municipal traffic and/or parking violations): _____ YES _____ NO

If Yes, explain _____

Any previous occupational license held: _____ YES _____ NO

If Yes: Type: _____ When: _____ Where: _____

Suspended or revoked: _____ Date: _____

Reason for revocation or suspension: _____

Are you a veteran living in Suffolk County with a Veteran's License? _____ **YES** _____ **NO**

**If yes, attach a copy of the license*

BUSINESS INFORMATION: *It is the responsibility of the Business Owner to supply renewal documentation.

Name of Business: _____

Name of Business Owner: _____

Business Address (Physical): _____

Telephone #: _____ New York State Sales Tax Number: _____

Nature of business, trade and/or description of goods to be sold: _____

Have you or the company ever been convicted of any felony, misdemeanor or violation of any municipal ordinance except traffic violations? _____ **YES** _____ **NO**

If Yes: Date: _____ Court: _____

Offense: _____ Sentence: _____

Please provide a current/valid certificate from all that are applicable:

_____ Suffolk County Department of Health

_____ Suffolk County Department of Weights & Measures

_____ Department of Traffic Safety Course (Street Vendor's Certification Program)

Corporation or Partnership name, if applicable:

Name: _____ Title: _____

Address: _____

Phone #: _____

I have answered the foregoing questions to the best of my knowledge and belief and swear that said answers are true and accurate. Any changes with regard to information regarding name, residence, business location and/or any change in the telephone number of the person designated for service of legal process shall be reported in writing to the Town Clerk within seven (7) days of occurrence. All other changes shall be reported to the Town Clerk within thirty (30) days of occurrence.

Signature _____ **Date** _____

A FALSE STATEMENT MADE HEREIN IS PUNISHABLE AS A CLASS "A" MISDEMEANOR PURSUANT TO SECTION 210.45 OF THE PENAL LAW OF THE STATE OF NEW YORK

Sworn to before me this

_____ day of _____, 20_____

Notary Public

License mailed: _____ License picked up: _____