

# TOWN OF SOUTHAMPTON

## Main Office

116 HAMPTON ROAD  
SOUTHAMPTON, NY 11968

**Phone:** (631) 287-5740

**Fax:** (631) 283-5606



## OFFICE OF TOWN CLERK SUNDY A. SCHERMEYER

## Town Clerk Annex

**Phone:** (631) 723-2712

**Fax:** (631) 723-3080

## Website:

[www.southamptontownny.gov](http://www.southamptontownny.gov)

## 2019 REQUIRMENTS FOR VEHICLE LICENSE: PEDDLING AND SOLICITING

**License Fee per vehicle:     \$350.00**

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

**Expires:** December 31<sup>st</sup>, Midnight

### **DOCUMENTS TO BE SUBMITTED WITH APPLICATION:**

\*It is the responsibility of the Business Owner to supply renewal documents.

- **NEW YORK STATE DRIVER’S LICENSE**  
Copy of your New York State Driver’s License
- **NEW YORK STATE VEHICLE REGISTRATION**  
Copy of the current valid registration.
- **AUTO LIABILITY INSURANCE CERTIFICATE**  
Must include the name, local address and telephone number of the insurance agent and the business owner’s license number.
- **SUFFOLK COUNTY CERTIFICATE OF HEALTH**

**\*Veterans: proof of Suffolk County Peddler’s License is required to waive application fees.**

### **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.**

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OFFICE OF TOWN CLERK
SUNDY A. SCHERMAYER

2019
REQUIREMENTS FOR VEHICLE LICENSE:
PEDDLING AND SOLICITING

For Office Use Only

License # : \_\_\_\_\_

Date: \_\_\_\_\_

Initials: \_\_\_\_\_

PERSONAL INFORMATION:

Name: \_\_\_\_\_
Last First Middle Initial

Any names previously used: (Maiden Name or Alias) \_\_\_\_\_

Address (Physical): \_\_\_\_\_

Address (Mailing, if different from above): \_\_\_\_\_

Cell Phone #: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Any previous occupational license held: YES NO

If Yes: Type: \_\_\_\_\_ When: \_\_\_\_\_ Where: \_\_\_\_\_

Suspended or revoked: \_\_\_\_\_ Date: \_\_\_\_\_

Reason for revocation or suspension: \_\_\_\_\_

Have you or the company 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 \_\_\_\_\_

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

BUSINESS/EMPLOYMENT INFORMATION:

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

Name of Business Owner: \_\_\_\_\_

Business Address (Physical): \_\_\_\_\_

Telephone #: \_\_\_\_\_ New York State Sales Tax Number: \_\_\_\_\_

Social Security Number OR IRS Treasury ID Number: \_\_\_\_\_

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

If applicable, please provide a current certificate from any of the following:  
\_\_\_\_\_Suffolk County Department of Health  
\_\_\_\_\_Suffolk County Department of Weights and Measures

Corporation or Partnership name, if applicable:  
Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone #: \_\_\_\_\_

**VEHICLE INFORMATION:**

Name of Owner of Vehicle: \_\_\_\_\_  
Address (Mailing): \_\_\_\_\_  
VIN # \_\_\_\_\_ Plate #: \_\_\_\_\_  
Year \_\_\_\_\_ Model \_\_\_\_\_ Make \_\_\_\_\_ State \_\_\_\_\_

*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**

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**Office Use Only:**  
License mailed: \_\_\_\_\_ License picked up: \_\_\_\_\_

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