

**Town of Pine Plains**  
**32 84 Rt. 199**  
**PO Box 955**  
**Pine Plains, NY 12567**  
**518-398-7155**  
**Fax 518-398-7664**

**PERMIT #** \_\_\_\_\_

**Peddler, Solicitors and Vending Application**

(Must be filled out **IN FULL WITH PAYMENT** before review.)

Application is hereby submitted to the Pine Plains Town Clerk for the approval of detailed statement of the specifications for peddling, soliciting and /or Vending within the Town of Pine Plains as herein set forth. All provisions of the Town Law shall be complied with.

Applicant's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
DOB: \_\_\_\_\_ SS# \_\_\_\_\_ Tax ID# \_\_\_\_\_

Type of goods/services being sold: \_\_\_\_\_

Exact location where solicitation will occur (describe, include map, if necessary): \_\_\_\_\_

Date(s) and proposed hours when in operation: \_\_\_\_\_

Vehicle being used (if applicable): \_\_\_\_\_  
Make/Model Year Color License Plate #

Application will be considered when the following information is supplied as per attached and

- Check for \$250.00 non refundable fee which will go towards first year of License.
- Copy of Driver's License
- Tax ID #

I confirm that I will abide by all the provisions set down by the Town of Pine Plains.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

For Office Use Only

Permit Fee: \_\_\_\_\_ Check # \_\_\_\_\_ Date Paid: \_\_\_\_\_

Application is: APPROVED / DENIED

\_\_\_\_\_  
Town Clerk

1. Name, address, date of birth, Social Security, tax identification number and motorist identification number of said person; and the name of such corporation, firm, association, club, partnership or any other organization involved.
  2. A description of the type of goods, wares and/or merchandise that the applicant wishes to sell or solicit orders for.
  3. Description of vehicle that the applicant will use in carrying out his/her business or occupation.
  4. Owner of vehicle, registration, and insurance details thereof.
  5. County Health Department permit number, if a food vendor.
  6. If peddling or soliciting for a corporation; date of incorporation, state in which it is incorporated and name, address, date of birth, and Social Security number of all officers and majority stockholders.
  7. Whether applicant has ever been convicted of a crime and, if so, under what name, with a listing of such convictions, including crime, jurisdiction, date and sentence imposed.
- B. Such application shall also be accompanied by three (3) photographs, two by two (2 x 2) inches in size, taken within thirty (30) days prior to the date of filing of the application; full face on white background.
  - C. Each person seeking a license shall submit a set of fingerprints on a form approved by the Pine Plains Police Department.
  - D. Provide a certificate of insurance with their application in the amount of One Million Dollars absolving the Town and any of its officers or employees from any negligence or claims arising from the activity of the vendor and naming the Town as a named insured.
6. ISSUANCE OR DENIAL OF A LICENSE, TERMS AND CONDITIONS
- A. The Police Department shall investigate all applications and shall, thereafter, issue or deny said license to the applicant.
  - B. The Police Department shall refuse issuance of a license to any person who has been convicted of a felony.