

Town Supervisor
Douglas Bloomfield
(845) 294-6996

Town Clerk
Priscilla Gersbeck
(845) 294-6250



Council
Kenneth Newbold
George Lyons
John VanDerMolen
Melissa Gallo

Town of Goshen

LICENSE APPLICATION FOR PEDDLERS, VENDORS AND/OR SOLICITORS

Chapter 73 of the code of the Town of Goshen

Code Section 73-3. B. "At the time of filing the application, a fee of \$500 shall be paid to the Town Clerk to cover the cost of investigation." This fee is non-refundable.

1. Full Name: _____
2. Driver's License Number: _____ State of Issue: _____ Expiration: _____
(attach copy)
3. Legal Home Address: _____
4. Home Phone Number: _____ Work: _____ Cell: _____
5. Date of Birth: _____ Country of Birth: _____ Citizen: ___ yes ___ no
6. Description of the nature of the business & the goods/services to be sold: _____

7. Location where goods/services will be sold: ___ door-to-door ___ from mobile vehicle ___ fixed location
address _____
8. Name and address of employer, if employed: _____
_____ attach credentials or proof of relationship e.g. business card
9. If applicant is a business, state all partners'/officers' names & principal business address:

(use back of form if more space is needed)
10. The length of time for which the right to do business is requested: _____
11. If vehicle is to be used: Year: _____ Make: _____ Model: _____ Color: _____
License Plate Number: _____ State of Issue: _____

12. Has applicant or any partner/officer thereof ever been arrested for, or convicted of, any crime, misdemeanor or violation of any municipal ordinance? If so, state the nature of the offense, and the punishment or penalty assessed.

Offence: _____

Punishment or Penalty: _____

(Applicant must sign the Release of Information Authorization form to undergo a background check conducted by the Town of Goshen Police Department.)

14. SUBMIT THE FOLLOWING WITH THIS APPLICATION:

- a. Two (2) **photographs** of applicant, taken within sixty (60) days prior to date of this application, measuring 2" x 2" showing the head and shoulders of applicant in a clear and distinguishing manner.
- b. Complete set of **fingerprints** of applicant.
- c. If the Town Clerk deems applicable, submit **Certificate from the Sealer of Weights & Measures** of the County of Orange, certifying that all weighing & measuring devices to be used by the applicant have been examined and approved.
- d. **FEE**: A license may be issued for one year for each licensee. The license year is to commence January 1st in each year and end December 31st. The fee therefor shall be \$1,000, payable upon issuance of the license. Daily licenses are available, and may be issued for \$200 per day, valid only between the hours of 9am and 5pm.
- e. Signed **Applicant Authorization for Release of Information** form.

Applicant hereby agrees that, if granted the License applied for herein, s/he will conduct his business in the manner provided, and in accordance with all provision of Chapter 73 of the Code of the Town of Goshen. Applicant further acknowledges that if granted, the License is not transferable.

Applicant's Signature

Date

Official Use

Investigation Fee of \$500 received on _____ check number _____ By _____
License Fee of \$1,000 received on _____ check number _____ By _____
(attach copies of checks)

Town of Goshen Police Department

Mail: PO Box 217

Location: 44 Police Drive

Goshen, New York 10924

845-294-9555

APPLICANT AUTHORIZATION FOR RELEASE OF INFORMATION

To: US Armed Forces, Maritime Service, Veteran's & Selective Service Administration
Any local, State or Federal law enforcement agency
Any past or present employer
Any credit bureau or retail merchant's association
Any bank or financial institution
Any insurance company
Any State, County or Municipal Bureau of Vital Statistics Office
Other: _____

I, _____ (print applicant's full name) have applied for a **Peddling, Vending, and/or Soliciting License**, with the Town Clerk of the Town of Goshen, New York. I am aware that my entire background will be thoroughly investigated and I hereby authorize and request the release of any and all information you have concerning me, to a representative of the Town of Goshen Police Department. This authorization or a reproduction thereof, shall be valid for a period of one (1) year from the date of execution of this document.

Date of Birth: _____ Place of Birth: _____

Social Security Number _____

Driver's License Number _____ State of Issue: _____

Vehicle Year: _____ Make: _____ Model: _____ Color: _____

Vehicle Plate Number: _____ State of Issue: _____ Registration Expiration: _____

Current Home Address: _____

Current Home Telephone: _____ Cell: _____

Given under my hand, this _____ day of _____ 200__

Applicant's Signature

Witness' Signature