

**TOWN OF BEDFORD
SOLICITOR / PEDDLING
LICENSE APPLICATION
(TOWN CODE CHAPTER 88)**

(Form Revised 6/2005)



Town Clerk's Office

Town Clerk: Lisbeth Fumagalli
Deputy Town Clerk: Nina L. Kellogg
Location: 321 Bedford Road, Bedford Hills, NY 10507
Telephone: (914) 666-4534
FAX: (914) 666-5249
E-mail: TownClerk@BedfordNY.info

LAST NAME: _____ FIRST NAME: _____ MIDDLE NAME: _____

RESIDENCE ADDRESS: _____
 (Include Street Number, Street, City, State, Zip Code)

MAILING ADDRESS: _____
 (If different than residence)

DRIVER'S LICENSE? YES NO STATE: _____ LICENSE ID# _____

PLACE OF BIRTH: _____ CITY: _____ STATE: _____

SOCIAL SECURITY NUMBER: _____

HEIGHT: _____ WEIGHT: _____ EYE COLOR: _____ HAIR COLOR: _____

NAME OF BUSINESS, TRADE, OR OCCUPATION: _____

ADDRESS OF BUSINESS: _____
 (Include Street Number, Street, City, State, Zip Code, Telephone #)

WILL YOU OPERATE A VEHICLE IN RELATION TO THIS APPLICATION ? YES NO

MAKE: _____ YEAR: _____ COLOR: _____ LICENSE PLATE # _____

DESCRIBE THE GOODS TO BE SOLD:

HAVE YOU EVER BEEN CONVICTED OF A CRIME OR ANY VIOLATION OF ANY MUNICIPAL ORDINANCE (OTHER THAN A TRAFFIC VIOLATION)? YES NO

(If Yes, describe the offense, the court of conviction, and the disposition on the reverse side of this form)

HAVE YOU EVER HAD A LICENSE FOR SELLING, PEDDLING, OR HAWKING, ETC... REVOKED?

YES NO

(If Yes, describe the issuing authority, date of revocation, and the reason it was revoked, on the reverse side of this form)

IF YOU ARE EMPLOYED BY, OR UNDER CONTRACT WITH ANOTHER PERSON, FIRM, OR CORPORATION, FILL IN THE NAME AND ADDRESS OF SAME:

Name: _____ Address: _____

City: _____ State: _____ Telephone #: _____

(You must submit appropriate evidence of employment or contract with another person, and your relationship and authority to represent that person)

APPLICANT'S SIGNATURE: _____ DATE: _____

Notice: Pursuant to the New York State Penal law, Section 210.45, it is a crime punishable as a misdemeanor to knowingly make a false statement herein.

TOWN CLERK'S OFFICE	
Date Application Received _____	By: _____
<input type="checkbox"/> Applicant Fee Received	
<input type="checkbox"/> Vehicle/Conveyance Fee Received	<input type="checkbox"/> N/A
<input type="checkbox"/> Photographs Received	
<input type="checkbox"/> Referred to Police Department	
<input type="checkbox"/> Application Approved - License # _____	
<input type="checkbox"/> Application Not Approved - reason _____	
_____ Town Clerk's Signature	_____ Date

POLICE DEPARTMENT	
<input type="checkbox"/> Application Received - Blotter Entry # _____	
<input type="checkbox"/> DCJS Processing Fee Received (\$75.00)	
<input type="checkbox"/> Background Investigation Complete (Includes Fingerprint Card)	
<input type="checkbox"/> Applicant Identification Approved	
<input type="checkbox"/> Application Approved	
<input type="checkbox"/> Application Not Approved - Reason _____	
_____ Chief of Police Signature	_____ Date