

APPLICATION DATE: _____
PERMIT NO: _____
DATE: _____
EXPIRATION DATE: _____

**TOWN OF YORKTOWN
PEDDLERS AND SOLICITORS PERMIT APPLICATION
PURSUANT TO CHAPTER 219 OF THE CODE OF THE TOWN OF YORKTOWN**

THIS APPLICATION WILL NOT BE PROCESSED UNLESS IT IS FILLED OUT COMPLETELY.

NAME: _____

ADDRESS: _____

DATE OF BIRTH: _____ SOCIAL SECURITY NO: _____

DRIVER’S LICENSE STATE & NO: _____ DAYTIME PHONE NO: _____

FOR PEDDLERS:

LIST OF GOODS AND SERVICES TO BE SOLD: _____

COUNTY HEALTH PERMIT NO: _____ VETERAN’S LICENSE NO: _____

STATIONARY LOCATION: _____

NON-STATIONARY ROUTE TO BE FOLLOWED: _____

FOR SOLICITORS AND CANVASSERS:

ORGANIZATION NAME AND ADDRESS (IF APPLICABLE): _____

IS YOUR ORGANIZATION REGISTERED WITH THE NEW YORK STATE ATTORNEY
GENERAL’S CHARITIES BUREAU? YES ____ NO ____ (IF YES, PLEASE PROVIDE A
CERTIFIED COPY OF CERTIFICATE OF INCORPORATION.)

PLEASE PROVIDE A SAMPLE OF LITERATURE TO BE CANVASSED.

DATES: _____ TIMES: _____

LOCATIONS: _____

BUSINESS REFERENCES LOCATED IN WESTCHESTER COUNTY OR STATE OF NY:

1. _____

2. _____

CHECK BOX FOR APPROPRIATE PERMIT AND FEES

FEE SCHEDULE (YEARLY):	___ PEDDLER/SOLICITOR W/MOTORIZED VEHICLE	\$500.00
	___ EACH ADDITIONAL AGENT	\$50.00
	___ FOOT PEDDLER/SOLICITOR	\$150.00
	___ SEASONAL SALES	\$120.00
	___ SPECIAL EVENT PERMIT (PER EVENT)	\$25.00

RETURN APPLICATION WITH **THREE (3) 1” X 1” PHOTOS** TAKEN WITHIN ONE
(1) MONTH OF THIS APPLICATION TO THE TOWN CLERK’S OFFICE ALONG WITH
APPROPRIATE FEE.

**If you are licensed in a county other than Westchester County, please be aware that you must obtain a temporary
event permit from the Westchester County Department of Health.**

PURSUANT TO THE TOWN CODE OF THE TOWN OF YORKTOWN, SECTION 219-6:

“The Town Clerk and the Police Department shall investigate all applications once properly completed and signed by the applicant.”

CONFIDENTIAL INFORMATION RELEASE AUTHORIZATION

No institution may give out confidential information concerning an individual without the consent of the individual or legal guardian. The signature should be witnessed.

TO: The Yorktown Police Department
2281 Crompond Road
Yorktown Heights, NY 10598

The Yorktown Town Clerk
363 Underhill Avenue
Yorktown Heights, NY 10598

I, _____, hereby grant full permission for the above named to
(Name of Applicant)

correspond with each other and/or exchange any and all information regarding my permit application with the Town of Yorktown without restriction of any kind.

Applicant Signature

Witness: _____

Date: _____

State of New York)
County of _____)

On this, the _____ day of _____, 20____, before me a notary public, the undersigned officer, personally appeared _____, known to me (or satisfactorily proven) to be the person whose name is subscribed to the within instrument, and acknowledged that he executed the same for the purposes therein contained.

In witness hereof, I hereunto set my hand and official seal.

Notary Public

My commission expires on the _____ day of _____, 20____.