



OFFICE OF THE TOWN CLERK
One Washington Street Hempstead, NY 11550
Tel: (516) 812-3025 email: licensing@hempsteadny.gov

Office Use Only

LICENSE # _____	
DATE RECEIVED _____	
Date Issued	Fee
/ /	

**PEDDLING & SOLICITING
VEHICLE LICENSE**

1. Name of owner or lessee:	
1a. Telephone #	Email:
2. Address:	
3. Make of vehicle:	4. Year:
5. Vehicle vin #:	
6. Body type:	7. Sales tax authorization #:
8. Vehicle weight:	9. Capacity:
10. Gross weight:	11. D.M.V license plate #:
12. What merchandise will be sold ?:	

Sworn to before me this _____

Day of _____ 20____

NOTARY PUBLIC

I solemnly swear to the truth of the above statements

Signature of Applicant