



Office Use Only

**SUBMIT TWO PHOTOS
TAKEN WITHIN THE
PAST THIRTY DAYS
EACH 1 1/2" x 1 1/2"
SHOWING ONLY NECK
SHOULDERS AND
UNCOVERED HEAD**

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

LICENSE # _____
ISSUED _____ 20____
Assigned _____
**IF VETERANS PERMIT IS ISSUED,
GIVE NUMBER OF
COUNTY LICENSE BELOW**
Badge # _____

FIRST TIME **RENEWAL**

PEDDLING & SOLICITING

1. Name:			1A. Social Security #		
2. Local Address:			Email address:		
3. Legal Address:			3A. Phone #:		
4. How long have you resided at above address ?		Yrs. 5. DOB:	5A. Age:		6. Place of birth:
7. Race:	8. Height:	9. Weight:		10. Eye Color:	
10A. Hair Color:	11. Complexion:		12. Are you a citizen ? YES <input type="radio"/> NO <input type="radio"/>		
13. Native or naturalized:		14. If Naturalized When & Where			
15. What commodities or services do you intend to sell ?					
16. Are you a Veteran of the Armed Forces of the United States ? YES <input type="radio"/> NO <input type="radio"/>					
17. Have you ever had a license or permit revoked ? YES <input type="radio"/> NO <input type="radio"/>					
17A. If YES, please give details:					
18. Do you have any charges pending against you ? : YES <input type="radio"/> NO <input type="radio"/> <i>If yes please give details</i>					
19. Were you ever convicted of any crime or offense except traffic infractions ? YES <input type="radio"/> NO <input type="radio"/>					
19A. If YES please give details:			Where	Penalty assessed	
21. Name of employer:			Address of employer:		
23. Remarks:					
24. N.Y.S. Sales tax auth #:					

Sworn to before me this _____

Day of _____ 20 _____

NOTARY PUBLIC

I solemnly swear to the truth of the above statements

Signature of Applicant