



# TOWN OF LAGRANGE

120 STRINGHAM ROAD  
LAGRANGEVILLE, NY 12540

845-452-1830 845-452-2289 FAX

## **PEDDLING, SOLICITING and HAWKING LICENSE**

The undersigned does hereby apply to the Town of La Grange for a LICENSE for PEDDLING and SOLICITING pursuant to Chapter 176 of the Code of the Town of LaGrange regulating Peddling and Soliciting, and in connection with such application, does state the following:

### **Applicant Information**

*Please attach a copy of the applicant's Operator's License to this packet*

Name	
Date of Birth	
Current Address	
Permanent Address ( <i>If different</i> )	
Email Address	
Phone Number	

Nature of Business	
Location/ Area of Operation	
Duration of Operation	

### **If Applicant is an Agent or Employee:**

*In addition to the information listed below, please provide credentials to verify the exact relationship.*

Applicant's Employer	
Employer's Phone Number	
Address of Employer	
NYS Sales Tax ID Number	

***A certificate of insurance or public liability bond in an amount not less than \$500,000 must be provided as pursuant to §176-9***

**Vehicle or Venue (circle one):**

**CAR**

**TRUCK**

**VAN**

**ON FOOT**

**TENT**

**OTHER:** \_\_\_\_\_

**Vehicle Info:** Make \_\_\_\_\_ Model \_\_\_\_\_

License Plate # \_\_\_\_\_ State of Registration \_\_\_\_\_

Operator's License # \_\_\_\_\_ VIN # \_\_\_\_\_

**IF THE APPLICANT REQUIRES THE USE OF WEIGHING AND/OR MEASURING DEVICES, APPROPRIATE CERTIFICATION MUST BE PROVIDED BY THE COUNTY SEALER of WEIGHTS AND MEASURES. APPROVAL SHALL NOT BE MORE THAN 6 MONTHS OLD.**

**ANY PERSON OR PERSONS USING A VEHICLE SHALL PLACE UPON EITHER SIDE OF THE BODY OF SUCH VEHICLE THE WORDS "LICENSED VENDOR" TOGETHER WITH THE NUMBER OF SUCH LICENSE**

**FOOD VENDORS ONLY:**

Kindly attach a copy of your Dutchess County Department of Health certificate with this application

**Names of all other municipalities in which the applicant has been a vendor during the preceding six months. Be sure to include settlement distinctions such as Town, Village, City, etc.**

1.	6.
2.	7.
3.	8.
4.	9.
5.	10.

**VETERANS ONLY:**

Veteran Applicants are exempt from the licensing fee. Please attach your Dutchess County certificate.

## AFFIRMATION AND AUTHORIZATION

I \_\_\_\_\_ have never been convicted of any crime, misdemeanor or violation of any municipal ordinance regarding soliciting, peddling or vending.

\_\_\_\_\_  
Applicant's Signature

The undersigned applicant hereby authorizes the Town of LaGrange to investigate matters necessary for the verification of the qualifications of the applicant, including background histories. The applicant hereby authorizes the Town of LaGrange to examine any and all records, files or other information relating to the applicant in the possession of any Federal, State or Municipal authority, including any such records that are available in any police department or other law enforcement agency. The applicant voluntarily releases from liability all persons or entities supplying or collecting such information

\_\_\_\_\_  
Applicant's Signature

A BACKGROUND CHECK FEE OF \$100  
IS PAYABLE WITH APPLICATION  
SUBMISSION

### Compliance

That the applicant, if the License requested hereby is granted, consents and agrees to conduct the aforesaid business or activity pursuant to all of the terms and regulations of the Local Law above specified, and all other rules, regulations and Laws governing Peddling and Soliciting in the Town of LaGrange.

Dated: \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

Sworn to before me this

\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Notary Public

**LICENSE FEE**

Single Event	\$100.00
Yearly	\$250.00

\* Applicants possessing a valid Dutchess County Veterans Vendors License are exempt from the fee, provided that a copy of said license is attached to the application. \*

Yearly license valid for one (1) year from date of issuance

**RECEIVED:** \_\_\_\_\_

\_\_\_\_\_  
Christine O'Reilly-Rao, Town Clerk