

# TOWN OF SOUTHAMPTON

## Main Office

116 HAMPTON ROAD  
SOUTHAMPTON, NY 11968

**Phone:** (631) 287-5740

**Fax:** (631) 283-5606



## Town Clerk Annex

**Phone:** (631) 723-2712

**Fax:** (631) 723-3080

**Website:**

[www.southamptontownny.gov](http://www.southamptontownny.gov)

## OFFICE OF TOWN CLERK SUNDY A. SCHERMEYER

**2020**

### **REQUIREMENTS FOR INDIVIDUAL LICENSE: PEDDLING AND SOLICITING**

**License Fee per individual: \$350.00**

Cash, check or money order payable to the "Town of Southampton".

**Expires:** December 31<sup>st</sup>, Midnight

#### **FINGERPRINT PROCESS**

1. All new applicants and non-consecutive yearly renewals must be fingerprinted.
2. Fingerprinting instructions will be provided upon submission of a completed application.

Note: Failure to have fingerprints done in a timely fashion may cause a delay in the issuance of the license.

#### **DOCUMENTS TO BE SUBMITTED WITH APPLICATION:**

- **NEW YORK STATE DRIVER'S LICENSE**  
Copy of your New York State Driver's License
- **NEW YORK STATE SALES TAX NUMBER**  
Copy of the NYS Sales Tax Certificate
- **PHOTOGRAPHS**  
Two (2) identical photographs (**2 x 2 head and shoulders**) taken no longer than sixty (60) days prior to submission of completed application.

**\*Veterans must submit a copy of the Suffolk County Peddler's License to have the Town of Southampton application fees waived**

#### **PLEASE NOTE: Town Clerk's Additional Fees:**

- Fee for notarizing application - \$1.00
- Copies per page - \$.25

**Fees are non-refundable and due when the application is submitted.**

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## OFFICE OF TOWN CLERK SUNDY A. SCHERMEYER

### 2020 REQUIREMENTS FOR INDIVIDUAL LICENSE: PEDDLING AND SOLICITING

#### For Office Use Only

License # : \_\_\_\_\_

Date: \_\_\_\_\_

Initials: \_\_\_\_\_

#### PERSONAL INFORMATION

Name: \_\_\_\_\_  
Last First Middle Initial

Any names previously used (alias): \_\_\_\_\_

Social Security # or IRS Treasury ID #: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Cell Telephone #: \_\_\_\_\_ Alternate Telephone #: \_\_\_\_\_

Address (Physical): \_\_\_\_\_

Address (Mailing, if different from above): \_\_\_\_\_

Applicant's place of residence for the past five (5) years: \_\_\_\_\_

Applicant's place of business or employer for the past five (5) years: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

#### LICENSING INFORMATION:

NYS Driver's License I.D. #: \_\_\_\_\_ Class: \_\_\_\_\_

Authorization to Conduct Examination of Driving Record: \_\_\_\_\_ YES \_\_\_\_\_ NO

Has your Driver's License (of any class, issued by any state) been suspended or revoked within the past eighteen (18) months? \_\_\_\_\_ YES \_\_\_\_\_ NO

If Yes: Court: \_\_\_\_\_ Date: \_\_\_\_\_ Cause: \_\_\_\_\_

Have you ever been convicted of a felony, misdemeanor or violation of any municipal ordinance or local law (not including municipal traffic and/or parking violations): \_\_\_\_\_ YES \_\_\_\_\_ NO

If Yes, explain \_\_\_\_\_

Any previous occupational license held: \_\_\_\_\_ YES \_\_\_\_\_ NO

If Yes: Type: \_\_\_\_\_ When: \_\_\_\_\_ Where: \_\_\_\_\_

Suspended or revoked: \_\_\_\_\_ Date: \_\_\_\_\_

Reason for revocation or suspension: \_\_\_\_\_

Are you a veteran living in Suffolk County with a Veteran's License? \_\_\_\_\_ **YES** \_\_\_\_\_ **NO**

*\*If yes, attach a copy of the license*

**BUSINESS INFORMATION:** \*It is the responsibility of the Business Owner to supply renewal documentation.

Name of Business: \_\_\_\_\_

Name of Business Owner: \_\_\_\_\_

Business Address (Physical): \_\_\_\_\_

Telephone #: \_\_\_\_\_ New York State Sales Tax Number: \_\_\_\_\_

Nature of business, trade and/or description of goods to be sold: \_\_\_\_\_

\_\_\_\_\_

Have you or the company ever been convicted of any felony, misdemeanor or violation of any municipal ordinance except traffic violations? \_\_\_\_\_ **YES** \_\_\_\_\_ **NO**

If Yes: Date: \_\_\_\_\_ Court: \_\_\_\_\_

Offense: \_\_\_\_\_ Sentence: \_\_\_\_\_

Please provide a current/valid certificate from all that are applicable:

\_\_\_\_\_ Suffolk County Department of Health

\_\_\_\_\_ Suffolk County Department of Weights & Measures

\_\_\_\_\_ Department of Traffic Safety Course (Street Vendor's Certification Program)

Corporation or Partnership name, if applicable:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

*I have answered the foregoing questions to the best of my knowledge and belief and swear that said answers are true and accurate. Any changes with regard to information regarding name, residence, business location and/or any change in the telephone number of the person designated for service of legal process shall be reported in writing to the Town Clerk within seven (7) days of occurrence. All other changes shall be reported to the Town Clerk within thirty (30) days of occurrence.*

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**A FALSE STATEMENT MADE HEREIN IS PUNISHABLE AS A CLASS "A" MISDEMEANOR PURSUANT TO SECTION 210.45 OF THE PENAL LAW OF THE STATE OF NEW YORK**

**Sworn to before me this**

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

\_\_\_\_\_

**Notary Public**

\*\*\*\*\*

License mailed: \_\_\_\_\_ License picked up: \_\_\_\_\_