

TOWN OF SOUTHAMPTON

Main Office

116 HAMPTON ROAD
SOUTHAMPTON, NY 11968

Phone: (631) 287-5740

Fax: (631) 283-5606



OFFICE OF TOWN CLERK SUNDY A. SCHERMEYER

Town Clerk Annex

Phone: (631) 723-2712

Fax: (631) 723-3080

Website:

www.southamptontownny.gov

2020 REQUIREMENTS FOR VEHICLE LICENSE: PEDDLING AND SOLICITING

License Fee per vehicle: \$350.00

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

Expires: December 31st, Midnight

DOCUMENTS TO BE SUBMITTED WITH APPLICATION:

*It is the responsibility of the Business Owner to supply renewal documents.

- **NEW YORK STATE DRIVER'S LICENSE**
Copy of your New York State Driver's License
- **NEW YORK STATE VEHICLE REGISTRATION**
Copy of the current valid registration.
- **AUTO LIABILITY INSURANCE CERTIFICATE**
Must include the name, local address and telephone number of the insurance agent and the business owner's license number.
- **SUFFOLK COUNTY CERTIFICATE OF HEALTH**

***Veterans: proof of Suffolk County Peddler's License is required to waive application fees.**

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.

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

OFFICE OF TOWN CLERK SUNDY A. SCHERMEYER

2020 REQUIREMENTS FOR VEHICLE LICENSE: PEDDLING AND SOLICITING

For Office Use Only

License # : _____

Date: _____

Initials: _____

PERSONAL INFORMATION:

Name: _____
Last First Middle Initial

Any names previously used: (Maiden Name or Alias) _____

Address (Physical): _____

Address (Mailing, if different from above): _____

Cell Phone #: _____ Social Security Number: _____

Any previous occupational license held: _____ YES _____ NO

If Yes: Type: _____ When: _____ Where: _____

Suspended or revoked: _____ Date: _____

Reason for revocation or suspension: _____

Have you or the company 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 _____

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

BUSINESS/EMPLOYMENT INFORMATION:

Name of Business: _____

Name of Business Owner: _____

Business Address (Physical): _____

Telephone #: _____ New York State Sales Tax Number: _____

Social Security Number OR IRS Treasury ID Number: _____

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

If applicable, please provide a current certificate from any of the following:
_____ Suffolk County Department of Health
_____ Suffolk County Department of Weights and Measures

Corporation or Partnership name, if applicable:
Name: _____ Title: _____
Address: _____
Phone #: _____

VEHICLE INFORMATION:

Name of Owner of Vehicle: _____
Address (Mailing): _____
VIN # _____ Plate #: _____
Year _____ Model _____ Make _____ State _____

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

Office Use Only:
License mailed: _____ License picked up: _____
