

TOWN OF SOUTHAMPTON Office of the Town Clerk – Sundry A. Schermeyer

116 Hampton Road, Southampton, NY 11968
Telephone (631) 287-5740 Fax (631) 287-5606

www.southamptontownny.gov/TOWNCLERK

Town Clerk Annex Telephone (631) 723-2712 Fax (631) 723-3080



PEDDLING AND SOLICITING LICENSE: INDIVIDUAL REQUIREMENTS

License Fee per individual: \$350.00

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

Cash, credit card, check or money order payable to the “Town of Southampton”

Expires: December 31st, 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 this license

DOCUMENTS TO BE SUBMITTED WITH APPLICATION:

- **COPY OF YOUR NEW YORK STATE DRIVER'S LICENSE**
- **COPY OF NEW YORK STATES 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.
- **TOWN OF SOUTHAMPTON LICENSE**
Copy of a valid Town of Southampton License, issued pursuant to Town of Southampton Code, Chapter 143, entitled, “Licensing of Home Improvement Contractors” (if applicable)
- **BUSINESS REGISTRATION**
-Sole Proprietorship – include a copy of the Business Certificate from Suffolk County reflecting D/B/A for business name applied for.
-Corporation/LLC – include a copy of INC/LLC/DBA or Article of Organization with Receipt from the State.

***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:

- Copies per page - \$.25

TOWN OF SOUTHAMPTON

Office of the Town Clerk – Sundy A. Schermeyer



116 Hampton Road, Southampton, NY 11968
Telephone (631) 287-5740 Fax (631) 287-5606
www.southamptontownny.gov/TOWNCLERK

Town Clerk Annex Telephone (631) 723-2712 Fax (631) 723-3080

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: _____