



**TOWN OF NEWBURGH**  
1496 Route 300, Newburgh, NY 12550  
845-564-4554  
Fax: 845-564-8589

Joseph P. Pedi  
*Town Clerk*

Lisa M. Ayers  
*First Deputy Town Clerk*

RE: PEDDLING LICENSES

All applicants **MUST** submit an application.

Submit with Application:

1. Two (2) photographs of applicant taken within 60 days prior to application. Pictures to be two inches by two inches (2"x2") showing head and shoulders.
2. A notarized letter of authorization from property owner (if applicable).
3. Copy of media advertising – handbills, newspaper advertisement.
4. Copy of inventory.
5. Copy of sales tax certificate.
6. Original certificate of insurance naming the town as an additional insured (at least \$300,000).
7. Notarized letters of approval from all residential property owners within 500 feet of peddling site.
8. Certificate from the Orange County Board of Health must be submitted in connection with the sale of food.
9. A separate application and pictures must be submitted for each employee.
10. Signatures must be notarized.
11. Fee: Applicant - \$100 per year or any part thereof  
Employee - \$25 per year or any part thereof

PEDDLERS – HAWKERS – SOLICITORS

Nature of business, kind of goods to be peddled, services to be performed or purpose for which funds are to be solicited:

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***\*Attach inventory of goods to be sold with price list\****

LOCATION: \_\_\_\_\_

HOURS OF OPERATION: \_\_\_\_\_

1. NAME: \_\_\_\_\_

2. DATE OF BIRTH: \_\_\_\_\_ 3. PHONE NUMBER: \_\_\_\_\_

4. PLACE OF BIRTH: \_\_\_\_\_

5. PRESENT ADDRESS: \_\_\_\_\_

6. LAST LEGAL ADDRESS: \_\_\_\_\_

7. PHYSICAL DESCRIPTION:

a. HAIR COLOR: \_\_\_\_\_ b. EYE COLOR: \_\_\_\_\_ c. HEIGHT/WEIGHT: \_\_\_\_\_

8. HAVE YOU EVER BEEN CONVICTED OF A CRIME (FELONY OR MISDEMEANOR)? \_\_\_\_\_

a. If YES, state nature of offense and disposition of case: \_\_\_\_\_

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9. ARE YOU A CITIZEN OF THE UNITED STATES? \_\_\_\_\_

a. Was citizenship obtained by birth or naturalization: \_\_\_\_\_

b. If by naturalization, give date and place obtained: \_\_\_\_\_

10. NAME AND ADDRESS OF CURRENT EMPLOYER: \_\_\_\_\_

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11. IS A LICENSED VEHICLE TO BE USED: \_\_\_\_\_ PROVIDE YEAR, MAKE AND MODEL OF VEHICLE: \_\_\_\_\_

LICENSE PLATE (if known): \_\_\_\_\_ DRIVERS LICENSE # \_\_\_\_\_

ISSUING STATE: \_\_\_\_\_

EXP DATE (mm/yy): \_\_\_\_\_

12. IF COMMERCIAL OR SUBURBAN VEHICLE TO BE USED, GIVE MAXIMUM LOAD AND WEIGHT:

\_\_\_\_\_

13. ARE SCALES OR MEASURES TO BE USED? \_\_\_\_\_

a. Give date of certification issued by Orange County Scaler of Weights and Measures:

\_\_\_\_\_ (file cert with this application).

14. ARE YOU AN HONORABLY DISCHARGED VETERAN? \_\_\_\_\_

15. LENGTH OF TIME LICENSE IS REQUIRED: \_\_\_\_\_

16. IF PARTNERSHIP, NAMES AND ADDRESSES OF THE PRINCIPAL OFFICERS, THE NAME AND ADDRESS OF A PERSON UPON WHOM A LEGAL NOTICE MAY BE SERVED: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



Each employee of your organization/company must complete the below application, and include a 2x2 photograph. All applications must be notarized.

NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

PLACE OF BIRTH: \_\_\_\_\_

PRESENT ADDRESS: \_\_\_\_\_

LAST LEGAL ADDRESS: \_\_\_\_\_

PHYSICAL DESCRIPTION:

a. HAIR COLOR: \_\_\_\_\_ b. EYE COLOR: \_\_\_\_\_ c. HEIGHT/WEIGHT: \_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OF A CRIME (FELONY OR MISDEMEANOR)? \_\_\_\_\_

If YES, state nature of offense and disposition of case: \_\_\_\_\_

ARE YOU A CITIZEN OF THE UNITED STATES? \_\_\_\_\_

Was citizenship obtained by birth or naturalization: \_\_\_\_\_

If by naturalization, give date and place obtained: \_\_\_\_\_

STATE OF NEW YORK)

SS:

COUNTY OF ORANGE)

ON THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, \_\_\_\_\_, I SWEAR THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF THE STATEMENTS CONTAINED IN THIS APPLICATION AND ANY ATTACHMENTS THERETO ARE TRUE AND COMPLETE STATEMENTS, ANY UNTRUE OR INCORRECT STATEMENT WILL SUBJECT ME TO THE PENALTIES OR PERJURY; THAT I AM FAMILIAR WITH THE PROVISIONS OF THE PEDDLING, HAWKING AND SOLICITING LOCAL LAW OF THE TOWN OF NEWBURGH AND THAT IF A LICENSE IS ISSUED TO ME THAT I WILL COMPLY WITH ALL TERMS AND CONDITIONS OF SAID LAW.

SWORN TO BEFORE ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, \_\_\_\_\_.

NOTARY PUBLIC

APPLICANT'S SIGNATURE



Adhere 2x2 picture here



Company Name: \_\_\_\_\_

**Town of Newburgh Police Department**  
Company Review and Employee Background Check

Approved: YES NO

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
*Authorized Signature*

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

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**Town of Newburgh Code Compliance**  
Company Review and Compliance/Regulation Inspection

Approved: YES NO

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
*Authorized Signature*

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

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**Town of Newburgh Town Clerk**

Approved: YES NO

Permit #: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
*Authorized Signature*

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



## PEDDLING PERMITS

PERMIT RUNS FROM DATE OF ISSUE TO DECEMBER 31ST

### **APPLICANT MUST HAVE:**

- LIABILITY INSURANCE NAMING TOWN AS ADDITIONAL INSURED (\$300,000).
- COPY OF STATE SALES TAX CERTIFICATE.
- PERMISSION FROM PROPERTY OWNER IN WRITING – IF STATE ROAD, MUST CONTACT THE STATE OF NEW YORK.
- WRITTEN PERMISSION FROM ALL RESIDENTS WITHIN 500 FEET OF POSITION.
- MAY NOT BE POSITIONED WITHIN 1000 FEET OF ESTABLISHED (STATIONARY) BUSINESS SELLING SAME PRODUCT.
- MAY NOT BE POSITIONED WITHIN 2000 FEET OF OTHER PEDDLER.
- COMPLETED APPLICATION – MUST BE NOTARIZED.
- TWO (2) WALLET OR PASSPORT SIZED PHOTOS OF OPERATOR AND ANY EMPLOYEES.
- IF SELLING FOOD, MUST HAVE ORIGINAL CERTIFICATE FROM BOARD OF HEALTH.
- COST OF \$100 FOR OPERATOR AND \$25 FOR EACH EMPLOYEE FOR ANY PORTION OF YEAR.
- IF PEDDLER IS A VETERAN, WE CAN FOREGO THE \$100 FEE IF THEY GET A PEDDLING LICENSE FROM THE COUNTY. HOWEVER, ALL OTHER RULES APPLY.