VEHICLE ID# _____ **DATE:** _____
PLATE #_____ **LICENSE FEE:** _____
NYS TAX ID # _____ **DAILY FEE / YEARLY FEE (Circle One)**

VILLAGE OF MONROE, NEW YORK

PEDDLING AND SOLICITING APPLICATION

I, the undersigned, do hereby make application for a solicitor's license in the Village of Monroe, New York, pursuant to the Village's Hawking and Peddling Local Law, Chapter 155

Applicant's Name: _____

Male/Female: _____ Height: _____ Weight: _____ DOB: _____

Eye Color: _____ Hair Color: _____ Soc. Sec. No. _____

Permanent Home Address: _____

Full Local Address: _____

Name of Employer / Firm / Company / Organization you are representing:

_____

Please indicate the length of time you will be peddling / soliciting in the Village of Monroe.

_____

_____

_____

Description and license number of the vehicle you will be using:

_____

Where is the merchandise manufactured or produced?

_____

Where is the merchandise now: _____

How will you deliver this merchandise? _____

Please give two business references located in Orange County or New York State or some other evidence that you are of good character and a responsible business person:

_____

Have you ever been convicted of any crime, felony or misdemeanor, or convicted of any violation of any municipal ordinance? _____

If so, what was the offense and what penalty or punishment did you receive? _____

_____

Does your business involve "weighing" a product? _____

If yes, please attach a certificate from the New York State Sealer of Weights and Measures certifying that all weighing and measuring devices to be used have been examined and approved by that office.

Does your business involve the handling of food? _____

If yes, please attach a license from the Orange County Health Department.

Any false statement contained in this application shall be grounds for denial / revocation on the license.

I do hereby attest that the above information is true. _____

Signature of Applicant

VILLAGE OF MONROE POLICE DEPARTMENT USE ONLY:

APPROVED: _____ DISAPPROVED: _____

_____

DATE