



**TOWN OF ISLIP**  
655 Main St., Islip NY 11751

**OLGA H. MURRAY**  
Town Clerk & Registrar

### Holiday Horticultural Sales License

Name of Applicant: \_\_\_\_\_

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

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

Contact Numbers: \_\_\_\_\_

New York State Tax ID #: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Sole Proprietor:  YES  NO

**\*\* The Applicant must be a legal business entity in the State of New York \*\***

If the Applicant is a Partnership, state the Name(s) and Address(es) of all partners below:

| Name | Address |
|------|---------|
|      |         |
|      |         |
|      |         |

If a Corporation, state the Date and Place of incorporation or organization: \_\_\_\_\_

State the Name(s) and Address(es) of all Officers below:

| Name | Address |
|------|---------|
|      |         |
|      |         |
|      |         |

State the Name(s) and Address(es) of person(s) who will be in charge of and responsible for the conduct of sale:

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

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

Address of Proposed Sale: \_\_\_\_\_

Length of time engaged in business at above location: \_\_\_\_\_

Date sale will commence: \_\_\_\_\_

**\*\* With respect to the premises on which the proposed sale will be held;  
provide a lease and/or deed and/or proof of permission. \*\***

Name of Property Owner of Record: \_\_\_\_\_

Tax Map Number of Property: \_\_\_\_\_

Certificate of Insurance attached:  YES  NO

Cash Bond of \$500:  YES  NO

*Upon termination of the sale, the site location must be found to be neat and clean, and all materials/goods removed. Failure to remove materials/goods within ten (10) days of the expiration state of the permit will result in the forfeiture of the \$500.00 bond or a portion thereof sufficient to provide for the removal and disposal of any debris, materials or goods found on the subject parcel. The applicant shall, as part of his or her request for release of the bond, provided Dated Photographs of the site and a receipt for the disposal of the materials/good formerly sold on the subject parcel.*

Is this a legally established not-for-profit organization?  YES  NO

If Yes, is NYS Certification of Incorporation for a not-for-profit corporation copy attached?  YES  NO

I HEREBY SWEAR THAT THE ANSWERS CONTAINED HEREIN AND THE INFORMATION SUPPLIED WITH THIS APPLICATION ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

**I UNDERSTAND THAT FALSE STATEMENTS MADE HEREIN SUPPLIED WITH THIS APPLICATION ARE PUNISHABLE AS A CLASS "A" MISDEMEANOR PURSUANT TO SECTION 210.45 OF THE NEW YORK STATE PENAL LAW.**

**\*FALSE STATEMENTS MADE HEREIN SHALL BE GROUNDS FOR DENIAL OF LICENSE\***

\_\_\_\_\_  
SIGNATURE OF APPLICANT  
SWORN BEFORE ME THIS

\_\_\_\_\_  
DAY OF \_\_\_\_\_ 20\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC

**\*\* OFFICE USE ONLY \*\***

NYS Sales Tax#: \_\_\_\_\_ \$500 Cash Bond Refund Receipt: \_\_\_\_\_

Date Forwarded to Planning: \_\_\_\_\_ Insurance Certificate: \_\_\_\_\_

Planning Dept. Final Disposition Date: \_\_\_\_\_  Approved  Denied

License Fee: \$300 \_\_\_\_\_ Photographs submitted by applicant upon termination of sale: \_\_\_\_\_

Preparation of Claim Voucher Refund Request: \_\_\_\_\_