



TOWN OF ISLIP

655 Main St., Islip NY 11751

LINDA D. VAVRICKA
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: _____