

# TOWN OF ISLIP

OFFICE OF THE TOWN CLERK

OLGA H. MURRAY

## Application for Mobile Peddlers License

Applicant must submit fees in Certified Check, Money Order or Cash

Mobile Peddler fee \$150.00/ Helper's License fee \$50.00

**ALL APPLICATION AND FINGERPRINT FEES ARE NON-REFUNDABLE**

Name \_\_\_\_\_ Telephone # ( ) \_\_\_\_\_

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

Business Address \_\_\_\_\_ Bus. Telephone # ( ) \_\_\_\_\_

Date of Birth \_\_\_\_\_ Eye Color \_\_\_\_\_ Hair Color \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

Driver's License # \_\_\_\_\_ Expiration \_\_\_\_\_ SSN# \_\_\_\_\_

United States Citizen: Yes \_\_\_ No \_\_\_ If no, do you have documentation of your Alien Registration Yes or No

Nature of Goods to be sold. Please specify in the space provided:

Hard Ice Cream (prepackaged) \_\_\_\_\_

- If hard ice cream is to be sold, you will need to show:

PREPACKAGED ICE CREAM –Truck Inspection (required) \_\_\_\_\_ Need Update \_\_\_\_\_

Soft Ice Cream \_\_\_\_\_

- If soft ice cream is to be sold, you will need to show:

Food Handling Certificate \_\_\_\_\_

NYS Sales Tax ID # \_\_\_\_\_

Suffolk County Dept. of Health Certificate \_\_\_\_\_

SOFT ICE CREAM - BOARD OF HEALTH CERTIFICATE PERMIT # \_\_\_\_\_

Make of Vehicle \_\_\_\_\_ License Plate # \_\_\_\_\_ Year \_\_\_\_\_

Expiration Date of Insurance Policy \_\_\_\_\_

Provide four photographs (2" by 2") of yourself taken within sixty (60) days of this application.

Give the names, addresses and phone numbers of at least two (2) reliable property owners of Suffolk County, New York who will certify as to your good character and business responsibility:

1) \_\_\_\_\_

2) \_\_\_\_\_

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

**Yes or No.**

If yes, give details, including dates, places of conviction, nature of offense charged, and the punishment or penalty assessed therefore.

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

<u>Date</u>	<u>Place of Conviction</u>	<u>Nature of Offense</u>	<u>Sentence Imposed</u>
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\_\_\_\_\_  
Signature of Applicant Date

SWORN BEFORE ME THIS

\_\_\_\_ Day of \_\_\_\_\_ 20\_\_\_\_

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

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

License #: \_\_\_\_\_

Date Issued: \_\_\_\_\_

Receipt #: \_\_\_\_\_

License Fee: \_\_\_\_\_

Helper Fee: \_\_\_\_\_

Date Fingerprinted: \_\_\_\_\_

Fingerprint Fee: CASH \_\_\_\_\_ CHECK # \_\_\_\_\_  
M/O \_\_\_\_\_

***EXTRA PAGE {if needed}***

**\*FALSE STATEMENTS MADE HEREIN SHALL BE GROUNDS FOR DENIAL OF LICENSE\* (cont'd.)**

<u>Date</u>	<u>Place of Conviction</u>	<u>Nature of Offense</u>	<u>Sentence Imposed</u>
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