

TOWN OF ISLIP
OFFICE OF THE TOWN CLERK
LINDA D. VAVRICKA

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
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SWORN BEFORE ME THIS

____ Day of _____ 20____

NOTARY PUBLIC

****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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