



**TOWN CLERK, DIANE M. WILHELM**

200 Howell Avenue  
Riverhead, NY 11901  
631-727-3200 Ext. 260

**PEDDLER'S LICENSE APPLICATION**

STATE OF NEW YORK)  
COUNTY OF SUFFOLK) ss:  
TOWN OF RIVERHEAD)

***Please Print All Information***

I, the undersigned, hereby apply for a Peddler's License, and being duly sworn, depose and say, Social Security/Tax Identification Number: \_\_\_\_\_

My Name is: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

\_\_\_\_\_ Phone#: \_\_\_\_\_

I have resided in the Town of \_\_\_\_\_ County of \_\_\_\_\_

State of \_\_\_\_\_ for \_\_\_\_\_ years.

The types of Merchandise to be distributed will be \_\_\_\_\_

\_\_\_\_\_

The principle place of business for this merchandise is \_\_\_\_\_

I will  will not  be conducting this business from a conveyance. If business is to be conducted from a conveyance, please list what type of conveyance, the vehicle, year, make and vehicle identification number and attach a copy of the registration)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Driver's License Number \_\_\_\_\_

Length of time for which permit will be required  1 Year  6 Months  3 Months

Have you ever been arrested or convicted of any crimes:

If yes please explain:

Nature of Crime	Court	Sentence
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I have read and understand the provisions of Chapter 257 "Peddlers and Solicitors" of the Town of Riverhead and agree to comply with all the provisions of said chapter.

\_\_\_\_\_  
Signature of Applicant

Sworn before me this \_\_\_\_\_ Day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
Notary Public

**\*PLEASE NOTE THE FOLLOWING ITEMS MUST ACCOMPANY THIS APPLICATION\***

- **A COPY OF YOUR DRIVERS LICENSE**
- **A COPY OF THE VEHICLE REGISTRATION**
- **NEW YORK STATE SALES TAX RESALE CERTIFICATE**
- **TWO RECENT PHOTOGRAPHS 2 ½ x 2 ½ INCHES IN SIZE**
- **A COMPLETE SET OF FINGERPRINTS**
- **A STATEMENT MADE BY A REPUTABLE PHYSICIAN, DATED NOT MORE THAN (10) DAYS PRIOR TO SUBMISSION OF THE APPLICATION CERTIFYING THAT THE APPLICANT IS FREE OF ANY CONTAGIOUS INFECTIONS OR CONTAGIOUS DISEASES.**