

TOWN OF DICKINSON – PEDDLER’S LICENSE APPLICATION



Code Enforcement: 153 Old Front Street Binghamton, NY 13905 Phone: 607-723-9401 Email: kdoyle@townofdickinson.com

Permit Number

Date: _____

(Please print)

NAME _____ PHONE # (____) _____

ADDRESS _____

N.Y.S. OPERATOR’S LICENSE # _____

NAME OF BUSINESS ORGANIZATION _____

ADDRESS _____ PHONE # (____) _____

NAME/ADDRESS THROUGH WHOM ORDERS TO BE CLEARED _____

NUMBER OF YEARS BUSINESS IN OPERATION _____

DESCRIBE VENDOR’S METHOD OF OPERATION _____

AGE _____ DATE OF BIRTH _____ HEIGHT _____ WEIGHT _____

SEX _____ COLOR OF HAIR _____ COLOR OF EYES _____

PHYSICAL CHARACTERISTICS (glasses, tattoo, scars, etc.) _____

GOODS OR SERVICE TO BE SOLD _____

COST OF ARTICLE OR SERVICE TO BE SOLD _____

DURATION OF SALE (UP TO 10 DAYS) _____

HAVE YOU EVER BEEN DENIED A SIMILAR LICENSE IN NY STATE? _____

IF YES, PLEASE EXPLAIN: _____

HAVE YOU EVER BEEN ARRESTED OR CONVICTED OF A CRIME? _____

IF YES, PLEASE STATE THE DATE, LOCATION AND NATURE OF SAID INCIDENT:

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CREDENTIALS PRESENTED FROM BUSINESS ORGANIZATION AUTHORIZING APPLICANT TO ACT AS REPRESENTATIVE OF COMPANY: _____

IF APPLICANT IS A QUALIFYING VETERAN, PROOF OF VETERAN’S STATUS MUST BE SUBMITTED AT TIME OF APPLICATION FOR WAIVER OF FEE.

- LICENSE IS NOT TRANSFERABLE
- HOURS PERMITTED – 9AM – 5PM – MONDAY – SATURDAY
- UP TO 10 PEOPLE MAY OPERATE UNDER THE PERMIT ASSOCIATED WITH THIS APPLICATION
- IF MORE THAN ONE PERSON WILL OPERATE PURSUANT TO THIS APPLICATION, PLEASE LIST THE NAMES AND ADDRESSES OF SUCH PEOPLE ON BACK ALONG WITH ACCOMPANYING PHYSICAL DESCRIPTIONS.
- ALL APPLICANTS MUST PRESENT PHOTO ID AT TIME OF APPLICATION
- PERMIT MUST BE CARRIED AT ALL TIMES BY PEDDLER, OR
- THOSE OPERATING UNDER PERMIT

APPROVED _____ DISAPPROVED _____