



TOWN OF LAGRANGE

120 STRINGHAM ROAD
LAGRANGEVILLE, NY 12540
845-452-1830 845-452-2289 FAX

VENDOR LICENSE

The undersigned does hereby apply to the Town of La Grange for a LICENSE for PEDDLING and SOLICITING pursuant to Chapter 176 of the Code of the Town of LaGrange regulating Peddling and Soliciting, and in connection with such application, does state the following:

Applicant Information

Please attach a copy of the applicant's Operator's License to this packet

Name	
Date of Birth	
Current Address	
Permanent Address (<i>If different</i>)	
Email Address	
Phone Number	

Nature of Business	
Location/ Area of Operation	
Duration of Operation	

If Applicant is an Agent or Employee:

In addition to the information listed below, please provide credentials to verify the exact relationship.

Applicant's Employer	
Employer's Phone Number	
Address of Employer	
NYS Sales Tax ID Number	

A certificate of insurance or public liability bond in an amount not less than \$500,000 must be provided as pursuant to §176-9

Vehicle or Venue (circle one):

CAR

TRUCK

VAN

TENT

OTHER: _____

Vehicle Info: Make _____

Model _____

License Plate # _____

State of Registration _____

Operator's License # _____

VIN # _____

IF THE APPLICANT REQUIRES THE USE OF WEIGHING AND/OR MEASURING DEVICES, APPROPRIATE CERTIFICATION MUST BE PROVIDED BY THE COUNTY SEALER of WEIGHTS AND MEASURES. APPROVAL SHALL NOT BE MORE THAN 6 MONTHS OLD.

ANY PERSON OR PERSONS USING A VEHICLE SHALL PLACE UPON EITHER SIDE OF THE BODY OF SUCH VEHICLE THE WORDS "LICENSED VENDOR" TOGETHER WITH THE NUMBER OF SUCH LICENSE

FOOD VENDORS ONLY:

Kindly attach a copy of your Dutchess County Department of Health certificate with this application

Names of all other municipalities in which the applicant has been a vendor during the preceding six months. Be sure to include settlement distinctions such as Town, Village, City, etc.

1.	6.
2.	7.
3.	8.
4.	9.
5.	10.

VETERANS ONLY:

Veteran Applicants are exempt from the licensing fee. Please attach your Dutchess County certificate.

AFFIRMATION AND AUTHORIZATION

I _____ have never been convicted of any crime, misdemeanor or violation of any municipal ordinance regarding soliciting, peddling or vending.

Applicant's Signature

The undersigned applicant hereby authorizes the Town of LaGrange to investigate matters necessary for the verification of the qualifications of the applicant, including background histories. The applicant hereby authorizes the Town of LaGrange to examine any and all records, files or other information relating to the applicant in the possession of any Federal, State or Municipal authority, including any such records that are available in any police department or other law enforcement agency. The applicant voluntarily releases from liability all persons or entities supplying or collecting such information

Applicant's Signature

A BACKGROUND CHECK FEE OF \$100
IS PAYABLE WITH APPLICATION
SUBMISSION

Compliance

That the applicant, if the License requested hereby is granted, consents and agrees to conduct the aforesaid business or activity pursuant to all of the terms and regulations of the Local Law above specified, and all other rules, regulations and Laws governing Peddling and Soliciting in the Town of LaGrange.

Dated: _____

Signature of Applicant

STATE OF _____

COUNTY OF _____

Sworn to before me this

_____ day of _____, 20____

Notary Public

LICENSE FEE

Single Event	\$100.00
Yearly	\$250.00

* Applicants possessing a valid Dutchess County Veterans Vendors License are exempt from the fee, provided that a copy of said license is attached to the application. *

Yearly license valid for one (1) year from date of issuance

RECEIVED: _____

Christine O'Reilly-Rao, Town Clerk