



TOWN OF THOMPSON APPLICATION FOR PEDDLING PERMIT

Town Code 178-5: Application for License

DATE OF APPLICATION: _____

NAME: _____ DOB: _____
First Middle Initial Last M/D/Y

WEIGHT: _____ EYES: _____ HEIGHT: _____
Lbs Color Feet/Inches

ADDRESS: _____
Street Village/Town State/Zip Code

TELEPHONE NUMBER: _____
Home Business/Cell Phone

NYS HEALTH DEPARTMENT PERMIT NUMBER & COPY: _____

EXPIRATION DATE: _____
M/D/Y

NATURE OF BUSINESS & DESCRIPTION OF MERCHANDISE OR SERVICE:

ARE YOU A VETERAN ? : _____ PLEASE ATTACH COPY OF DD214
Yes/No

MAKE, YEAR, LICENSE NUMBER OF VEHICLE: _____

WHERE WILL YOU PURCHASE GOODS FOR SALE: _____

HAVE YOU EVER BEEN CONVICTED OF A CRIME: _____
Yes/No

IF YES EXPLAIN ON BACK OF THIS APPLICATION

NYS SALES TAX CERTIFICATE TAX ID NUMBER: _____

LIST THREE REFERENCE WITH NAME, ADDRESS AND PHONE NUMBERS

I, the undersigned, state that the information I have given in the foregoing application is true to the best of my knowledge, information and belief:

Signature of Applicant: _____ DATE: _____

