

Application for Hawking and Peddling License

(PLEASE PRINT ALL INFORMATION)

Date of Applica	tion:			
Name:		Race:	DOB:	
. ,		(Middle)		
Address:	(Street)	(City)	(State)	(Zin Code
Place of Birth:(City) (State)				
	(City) (State))		5mp
Height:	Weight:	Hair:	Eyes:	Sex:
Marital Status:	If Married, I	Name of Spouse:		
Home Telephor	ne:	Business Tele	ephone:	
Cell Phone:		E-Mail:		
Employed by: _				
Employer Addr	ess: (No#) (Street)			
	(No#) (Street)	(City)	(State)	(Zip Code
Product being s	sold:	(Example: ice cream, magazines, pho	otographs homo improvoment)	
Other then troff	ia infractional have vo			
	ic infractions, have yo		YES NO	
If yes, complete	e information below			
Date of Arrest	Crime Arrested For	Arresting Agency	Dispositi	on
I have read the a	bove information and fir	nd it to be true and corre	ct	
			(Signature of Ap)	plicant)
		DO NOT WRITE BELOW THIS LINE		

The mission of the Orangetown Police is to work in partnership with the community, to protect life and property, solve neighborhood problems, and enhance the quality of life in our Town