



**Donna Lent, Town Clerk**

Patricia Ryan-Correa, Chief Deputy Town Clerk  
One Independence Hill, Farmingville, NY 11738  
(631) 451-9101 FAX: 451-9264

**TO BE FILLED OUT BY PEDDLER (PERSON SELLING) - FEE: \$150.00**

1. WAR VETERAN? <input type="checkbox"/> Yes <input type="checkbox"/> No		2. IF YES, STATE LICENSE NUMBER:	
3. NAME: FIRST LAST MAIDEN NAME (IF APPLICABLE)		4. TELEPHONE NUMBER:	
5. STREET ADDRESS:		TOWN:	STATE: ZIP:
6. DATE OF BIRTH:	7. PLACE OF BIRTH:	8. HEIGHT:	9. WEIGHT:
10. SOCIAL SECURITY NUMBER:	11. COLOR OF EYES:	12. COLOR OF HAIR:	
13. APPLICANT'S PLACE OF RESIDENCE FOR PAST 5 YEARS: (USE ADDITIONAL SHEET IF NECESSARY)			
14. APPLICANT'S BUSINESS OR EMPLOYER FOR PAST 5 YEARS: (USE ADDITIONAL SHEET IF NECESSARY)			
15. HAVE YOU EVER BEEN CONVICTED OF A FELONY? <input type="checkbox"/> Yes <input type="checkbox"/> No	16. IF YES, DATE:	17. IF NOT APPLYING FOR VEHICLE PERMIT, WHAT ITEMS ARE YOU SELLING?	
18. WHO OWNS THE VEHICLE?		19. CURRENT VEHICLE PERMIT NUMBER:	
20. <b>Items listed below must be submitted with application:</b> 1. Valid NYS driver's license 2. NYS Sales Tax Certificate (if applicable) 3. One full-faced photo taken within 30 days, measuring 1 1/2" by 1 1/2" 4. Suffolk County Food Manager's Certificate (If applicable) 5. Insurance certificate showing \$500,000 in Commercial General Liability Insurance, naming the Town of Brookhaven as an additional insured **All Insurance Certificates must be in Business Name**			
21. SIGNATURE:		22. DATE:	

(CONTINUED NEXT PAGE)

For Office Use Only			
Permit #P:	#M:	Date:	
Receipt#:		Transaction ID #:	
DCJS History:		SOR Confirmation:	



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**AUTHORIZATION FOR RELEASE OF INFORMATION**

I, the undersigned, hereby authorize the release to the Town of Brookhaven Department of Public Safety, any and all records that relate to my background, including but not limited to records and reports of military service, local/state and federal law enforcement agencies, local/state and federal tax bureaus, credit bureaus, hospitals and institutions and psychological histories. I voluntarily authorize the Town of Brookhaven to make inquiry into my past criminal convictions in any state or federal court.

I authorize the release of results/findings of any polygraph examinations I have taken.

I authorize an inquiry be made of my past employer(s).

I authorize an inquiry be made of my present employer(s).

**(Make note if you do not want your present employer contacted and why.)**

I acknowledge by this authorization that I release any and all persons/institutions and legal entities from any and all obligation of liability arising from the release of records described herein to the parties herein.

**NOTE: A copy of this authorization shall be considered effective and valid as the original.**

Social Security Number	Date of Birth	Print Name
Street Address	City/Village/Town/State	Zip
Signature	Date	

**STATE OF NEW YORK  
COUNTY OF SUFFOLK**

On this \_\_\_\_ day of \_\_\_\_\_, 20\_\_ before me personally came to me \_\_\_\_\_  
\_\_\_\_\_ known to be the individual described in and who executed the foregoing instrument and  
acknowledged that he executed the same.

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



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**TO BE FILLED OUT BY OWNER OF VEHICLE - FEE: \$200.00**

23. WAR VETERAN? <input type="checkbox"/> Yes <input type="checkbox"/> No		24. IF YES, STATE LICENSE NUMBER:	
25. NAME: FIRST		LAST	26. TELEPHONE NUMBER:
26. STREET ADDRESS:		TOWN:	STATE: ZIP:
28. DATE OF BIRTH:	29. PLACE OF BIRTH:	30. HEIGHT:	31. WEIGHT:
32. SOCIAL SECURITY NUMBER:		33. COLOR OF EYES:	34. COLOR OF HAIR:
35. APPLICANT'S PLACE OF RESIDENCE FOR PAST 5 YEARS: (USE ADDITIONAL SHEET IF NECESSARY)			
36. APPLICANT'S BUSINESS OR EMPLOYER FOR PAST 5 YEARS: (USE ADDITIONAL SHEET IF NECESSARY)			
37. TYPE OF VEHICLE:		38. LICENSE PLATE NUMBER:	39. NAME ON VEHICLE:
40. BUSINESS OR TRADE FOR WHICH LICENSE IS REQUESTED (ITEM SOLD):		41. HEALTH CERTIFICATE NUMBER (IF APPLICABLE):	
42. HAVE YOU EVER BEEN CONVICTED OF A FELONY? <input type="checkbox"/> Yes <input type="checkbox"/> No		43. IF YES, DATE:	
44. ITEMS LISTED BELOW MUST BE SUBMITTED WITH APPLICATION: 1. Valid NYS Vehicle Registration NOT Valid NYS Driver's License 2. Suffolk County Health Certification (if applicable) 3. NYS Sales Tax Certificate (if applicable) 4. Insurance certificate showing \$250,000/500,000 for bodily injury coverage on a split limit policy or \$500,000 on a combined single limit policy on vehicle, showing the Town of Brookhaven as certificate holder (Vehicle VIN number or identification number must be on certificate) 5. Insurance certificate showing \$500,000 in Commercial General Liability Insurance, naming the Town of Brookhaven as an additional insured **All Insurance Certificates must be in Business Name**			
45. SIGNATURE:		46. DATE:	