



# CITY OF BEACON

## PEDDLING & SOLICITING PERMIT APPLICATION

### Application Checklist

Peddlers License: allows peddling, vending, hawking, selling or soliciting orders for merchandise, seeking donations or conducting surveys in the streets and public ways of the City, or house-to-house and/or door-to-door. This includes public streets, highways and parkways.

**PLEASE REVIEW [CHAPTER 163](#) OF THE CITY CODE OF THE CITY OF BEACON PRIOR TO SUBMITTING APPLICATION**

For an application to be considered complete, the following must be included:

- Written application for permit with **notarized signature**
- Application processing fee: \$15 (non-refundable)
- Valid photo ID. NYS Driver's License or Non-drivers ID card.
- Certificate from Dutchess County Department of Health, if selling and/or serving any food not pre-packaged. If scooping ice cream, certificate needed. (Department of Health, 387 Main Street, 845-486-3469)
- Proof of Insurance. Proof of Workers Compensation Insurance is required for all employees, if applicable.
- Background Screening. Go to [www.identogo.com](http://www.identogo.com) or call 877-472-6915 to make an appointment for fingerprinting. Once completed, print and submit the report for review by the Police Chief.
- Certificate of Authority from NYS Department of Taxation and Finance to collect sales taxes.
- Certificate issued by Dutchess County Sealer for Weights and Measures, if using scales or measures.

Vendors issued a permit CANNOT:

- Vend/ peddle within 200ft. of school property
- Vend/ peddle within a 1,000 foot radius of any established, similar fixed business
- Vend/ peddle on private property, unless stand meets all requirements of the Building Code as approved by the City of Beacon Building Inspector or his designated agent
- Allow assistant to peddle without accompanying license holder
- Ring bell of, knock at or enter building where posted "No Peddlers," "No Solicitors," or other wording where the purpose of which is to prohibit peddling/soliciting.
- Leave cart, vehicle, or any other belongings overnight.

**For questions regarding the City of Beacon's peddler's  
permit application/process please**

**call: 845-838-5010 or**

**email: [cityofbeacon@beaconny.gov](mailto:cityofbeacon@beaconny.gov)**

Additional contact information:

Dutchess County Department of Health  
387 Main Street (between North Hamilton and Academy Streets)  
845-486-3469

Department of Consumer Affairs  
98 Peach Road  
Poughkeepsie, NY  
845-486-2949

NYS Department of Taxation and Finance  
[www.tax.ny.gov](http://www.tax.ny.gov)

# Peddling & Soliciting Permit Application



**Submit Forms to** *the Office of the City Administrator*  
One Municipal Plaza  
Suite One  
Beacon, NY 12508

(845) 838-5010  
FAX (845) 838-5012  
email: [cityofbeacon@cityofbeacon.org](mailto:cityofbeacon@cityofbeacon.org)

**Application Fee: \$15.00.** *This is a non-refundable application processing fee that **MUST** be paid at the time of submitting an application.*

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Licence Type:

Quarterly License (\$50/ Quarter)  
Yearly License (\$150/ Calendar Year)

**Quarterly License;** choose quarter(s)

ending March 31st  
ending June 30th  
ending September 30th  
ending December 31st

Date of Application

**Applicant 1** *(if more than one applicant, please list each separately)*

Name

Residence/ Address

City, State, Zip

Date of Birth

Alternate Phone

Phone Number

Email

**Applicant 2** *(for more than two applicants, please include information separately)*

Name

Residence/ Address

City, State, Zip

Date of Birth

Alternate Phone

Phone Number

Email

If applicant is a **STOCK CORPORATION**, state the following:

Corporation Name

Name(s) of Directors or  
other Governing Body

Address(s) of Directors or  
other Governing Body

Location of applicant's  
principal place of  
business

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Name and residence of all person(s) selling, soliciting, seeking donations, conducting polls: *(if there are more than two people, please attach separately)*

**Person 1**

Name

Address

Phone

**Person 2**

Name

Address

Phone

Has the applicant(s) ever been convicted of any felony for which registration as a sex offender is required?

No

Yes

If **YES**, state the nature of the felony, the court where convicted, and the date of the penalty assessed or sentence imposed. *If yes applies to more than one person, list names and explanations for each.*

State, **in detail**, the particular business, trade or occupation for which the license is required.

State the location or locality where the business will be carried on:

State the manner or means of conveyance in which the business shall be conducted

If OTHER, please explain

Motor Vehicle

Pushcart

Sidewalk Stand

House-to-House

Other:

Provide the proposed days during which business will be conducted:

Provide the times during which the business will be conducted:

Sunday

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

For use of Motor Vehicle:

Year

Make & Model

License Plate

I, (print name) \_\_\_\_\_ do here by certify that the above information is true and correct, and that I intend to fully comply the provisions of Chapter 129 of the Beacon City Code, and all other City ordinances and laws.

\_\_\_\_\_  
Signature of Applicant

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
Signature, Notary Public

For Office Use Only: