

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: \$20 (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. (Dutchess County			
	Department of Health, 845-486-3400)			
	Proof of Insurance. Proof of Workers Compensation Insurance is required for all			
	employees, if applicable.			
	Background Screening. Go to 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. The code for Identogo fingerprinting is 14ZS31.			
	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.			
Vendo	rs 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 of 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.			

Contact information:

For questions regarding the peddler's permit application/process:

City Clerk's Office **845-838-5003** or 845-838-5005

BeaconCityClerk@beaconny.gov

DeputyClerk@beaconny.gov

Dutchess County Behavioral & Community Health

85 Civic Center Plaza, Suite 106

Poughkeepsie, NY 12601

845-486-3400

NYS Department of Taxation and Finance www.tax.ny.gov

Peddling & Soliciting Permit Application



Submit Forms to the Office of the City Clerk

One Municipal Plaza Suite One Beacon, NY 12508

(845) 838-5003 FAX (845) 838-5012

email: beaconcityclerk@beaconny.gov

Application Fee: \$20.00. 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; choose quarter(s)				
Quarterly License (\$50/ Quarter)	ending March 31st				
Yearly License (\$150/ Calendar Year)	ending June 30th				
	ending September 30th				
	ending December 31st				
Date of Application					
Applicant 1 (if more than one applicant, p	olease list each separately)				
Name					
Residence/ Address					
City, State, Zip					
Date of Birth	Phone Number				
Alternate Phone	Email				
Applicant 2 (for more than two applicant	ts, please include information separately)				
Name					
Residence/ Address					
City, State, Zip					
Date of Birth	Phone Number				
Alternate Phone	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				
Name and residence of all person(s) selling, soliciting, so two people, please attach separately)	eeking donations, conducting polls: (if there are more than			
Person 1	Person 2			
Name	Name			
Address	Address			
Phone	Phone			
Has the applicant(s) ever been convicted of any felony for which registration as a sex offender is required?	If YES , state the nature of the felony, the court where convicted, and the date of the penalty assessed or sentence imposed. <i>If yes applies to more than one person, list names and explanations for each.</i>			
No				
Yes				

State, in detail ,	the particular business, trade of	or occupation for which the license is required.	
State the location	n or locality where the business	s will be carried on:	
State the meaning			
State the manne conveyance in w	r or means of hich the business shall		
be conducted		If OTHER, please explain	
Motor Vehic	le		
Pushcart			
Sidewalk Sta			
House-to-Ho	ouse		
Other:			
Provide the prop business will be	oosed days during which conducted:	Provide the times during which the business will be conducted:	
Sunday			
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
For use of Motor	r Vehicle:		
Year	Make & Model	License Plate	

I, (print name)correct, and that I intend to fully comply the provisions ordinances and laws.	do here by certify that the above information is true and 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:		