



# TOWN OF FALLSBURG Peddler's Permit Application



PERMIT # \_\_\_\_\_ for the YEAR \_\_\_\_\_

Date of Application: \_\_\_\_\_ Permit Expires December 31st \_\_\_\_\_

Fee: \$100.00 First Location/Truck \$50.00 Each Additional Location/Truck  
Minimum 4' sidewalk clearance must be maintained for pedestrian foot traffic at all times  
**(PERMIT WILL BE REVOKED IF MINIMUM CLEARANCE IS NOT MAINTAINED)**

Standing Peddler       Walking Peddler       Food Peddler (Standing or Mobile)

1. Print Full Name: \_\_\_\_\_  
2. Print Name of Business: \_\_\_\_\_  
3. Phone: \_\_\_\_\_

4. Legal Address: \_\_\_\_\_  
\_\_\_\_\_  
5. Item to be Sold: \_\_\_\_\_

**Mobile Peddler**

Total Number of Trucks \_\_\_\_\_  
Truck #1: Make: \_\_\_\_\_ Model: \_\_\_\_\_  
Year: \_\_\_\_\_ VIN: \_\_\_\_\_  
Truck #2: Make: \_\_\_\_\_ Model: \_\_\_\_\_  
Year: \_\_\_\_\_ VIN: \_\_\_\_\_  
Truck #3: Make: \_\_\_\_\_ Model: \_\_\_\_\_  
Year: \_\_\_\_\_ VIN: \_\_\_\_\_  
Truck #4: Make: \_\_\_\_\_ Model: \_\_\_\_\_  
Year: \_\_\_\_\_ VIN: \_\_\_\_\_  
Truck #5: Make: \_\_\_\_\_ Model: \_\_\_\_\_  
Year: \_\_\_\_\_ VIN: \_\_\_\_\_

**Standing Peddler**

Total Number of Locations: \_\_\_\_\_  
Location #1: \_\_\_\_\_  
Location #2: \_\_\_\_\_  
Location #3: \_\_\_\_\_  
Location #4: \_\_\_\_\_  
Location #5: \_\_\_\_\_

Mobile Peddler: Address where vehicles are stored when not in use: \_\_\_\_\_

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

Applicant's Signature: \_\_\_\_\_

Town Clerk: \_\_\_\_\_

Date: \_\_\_\_\_

**FOR OFFICE USE ONLY**

Owner's Proxy

Insurance

Payment Total: \_\_\_\_\_

Registration

Dept. of Health Certificate

Cash/Check: \_\_\_\_\_

Inspection

\_\_\_\_\_ **CODE ENFORCEMENT OFFICE Approval Y / N**