



TOWN OF NEW WINDSOR  
KELLY ALLEGRA, TOWN CLERK  
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(845) 563-4611 Fax: (845) 563-4670  
newwindsor-ny.gov

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APPLICATION FOR SOLICITOR'S PERMIT *(also known as Peddling and Soliciting Local Law, Chapter 217 of the Town Code)*

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Please complete this application to determine if you qualify for a Solicitor's Permit in the Town of New Windsor. Each applicant will need a complete background check.

**6-MONTH PERMIT**

**\$2,000 PAYABLE UPON APPROVAL** *(each renewal: \$2,000)*

**APPLICANT INFORMATION**

APPLICANT'S NAME: \_\_\_\_\_

APPLICANT'S ADDRESS: \_\_\_\_\_

APPLICANT'S PHONE: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ SS#: \_\_\_\_\_

COMPANY'S NAME: \_\_\_\_\_

COMPANY'S ADDRESS: \_\_\_\_\_

COMPANY'S PHONE: \_\_\_\_\_

DRIVER'S LICENSE #: \_\_\_\_\_

DESCRIPTION AND LICENSE PLATE NUMBER OF THE VEHICLE(S) THAT YOU WILL BE USING IN CONNECTION WITH THIS PERMIT:

\_\_\_\_\_  
\_\_\_\_\_

NYS DEPT. OF TAXATION CERTIFICATE OF AUTHORITY #: \_\_\_\_\_

ITEM(S) TO BE SOLICITED: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

LOCATION TO BE USED FOR SOLICITING: \_\_\_\_\_

\_\_\_\_\_

**PLEASE ATTACH TO APPLICATION:**

- Photocopy of Driver's License
- Copy of Orange County Department of Health Permit (for food sales)
- Certificate of Liability Insurance naming Town of New Windsor as certificate holder including:
  - Commercial General Liability
  - Workers Compensation
  - Automobile Liability
- Auto Insurance
- NYS Dept. of Tax and Finance Certificate of Authority
- Business License
- Letter of permission from property owner (if applicable)
- Business References: The Applicant shall provide two business references located in Orange County or New York State, or some other evidence that the Applicant is of good character and a responsible business person.

**WRITTEN DISCLOSURES**

- The Applicant's submission of the Solicitor's Permit Application authorizes the Town of New Windsor to verify information submitted with same, including, but not limited to, the Applicant's address, the validity of the Applicant's proof of identity, and the Applicant's and/or responsible person or entity's state tax identification and special use tax numbers, if any.
- Establishing proof of identity is required before a permit will be issued.
- The fee amount that must be submitted by the Applicant with a completed application has been identified.
- To the extent permitted by New York State and/or Federal law, the Applicant's background check shall remain a confidential, protected, private record not available for public inspection.
- The Town will maintain copies of the Applicant's application form and related documents. These copies will become public records, available for inspection on demand at Town offices, whether a permit is denied, granted or renewed.
- The Town will maintain the information and criteria for disqualifying status, denial or suspension of a permit, public disclosure of which will be subject to the New York State Freedom of Information Law.
- The review process shall not begin until an application is fully submitted.

**AFFIRMATION**

I understand that by signing this application, I am authorizing the Town of New Windsor Police Department will be conducting a full criminal history background check on me in order to ensure the safety of its residents before issuing the requested solicitor's permit.

I have received and reviewed the disclosure information attached to this information.

I understand that any false statement contained in this application shall be grounds for denial/revocation of the requested permit.

I swear or affirm, under penalty of perjury, that based on my present knowledge and belief, the information provided in this application is complete, truthful and accurate.

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE

PLEASE NOTE: If more space is needed to complete any part of the is application, please use a separate sheet of paper and attached it to this application.

**FOR INTERNAL USE ONLY**

Date Received: \_\_\_\_\_ Police Department Approval: \_\_\_\_\_

Permit Date Range: \_\_\_\_\_ Reviewed/Approved Town Clerk: \_\_\_\_\_