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Town of Lewisboro
11 Main Street/PO Box 500
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OFFICE OF THE TOWN CLERK
Town Of Lewisboro

JANET L. DONOHUE, TOWN CLERK

APPLICATION TO PEDDLE OR SOLICIT IN THE TOWN OF LEWISBORO

Name of Applicant _____

Home Address _____

Date of Birth _____ Height _____ Weight _____ Sex _____

Hair Color _____ Eye Color _____

Company or Agency _____

Nature or Type of Business _____

If Lewisboro resident or if Businessperson length of stay _____

Make of Vehicle _____ Type _____ Color _____

Registration Number _____ State _____

List of convictions, if any, other than traffic infraction:

Fingerprints taken on _____ By _____
(Agency)

I declare that I have read and do understand the Soliciting and Peddling Law of the Town of Lewisboro, New York and declare the above to be true to the best of my knowledge and belief.

Signature of Applicant

Sworn to before me this
day of 20

Notary Public

FOR OFFICE USE

Amount of Bond _____
Type _____
Date Received _____
Amount of Fee _____
Date Received _____

Reviewed by Town Police _____
Approved by Town Attorney _____
Approved by Town Board _____

(Attach photo)