



# TOWN OF GREENBURGH

## TOWN CLERK'S OFFICE

177 Hillside Avenue Greenburgh, NY 10607

MAIN: (914) 989 – 1500 | FAX: (914) 993 – 1626

[TownClerk@GreenburghNY.com](mailto:TownClerk@GreenburghNY.com)

### **To: All Holders of the Town of Greenburgh Solicitor's License**

Enclosed is your application for a Solicitor's license as well as instructions.

Please remember that your Solicitor's license expires yearly on the last day of the year (December 31).

Therefore, please complete and return the application with the \$100 non-refundable fee to the Town Clerk's Office prior to December 31<sup>st</sup>. For honorably discharged members of the armed forces of the United States, the Town of Greenburgh Solicitor's license application fee will be waived.

If you were not fingerprinted for the yearly license, you will need to be fingerprinted for the following year's license. Please contact Identogo for fingerprint enrollment at (877) 472 – 6915 to make an appointment. (ORI # NY0595300)

If you have any questions, please do not hesitate to call our office.

Sincerely,

***Judith A. Beville***

Town Clerk



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### INSTRUCTIONS FOR SOLICITOR'S LICENSE

- 1) No individual may engage in the business of soliciting in the Town of Greenburgh until he/she has a current solicitor's license issued and in hand by the Town Clerk's office. The license is not transferrable and must be carried with the applicant at all times.
- 2) The license expires yearly on December 31<sup>st</sup> of the year the license was issued.
- 3) The applicant must submit a completed application, to include three passport size photographs, full face, bareheaded, on a white background, taken within 30 days of filing the application.
- 4) For food vendors, the applicant will need to provide a copy of their County Health Department Permit with the application.
- 5) For first time applicants that are honorably discharged members of the armed forces of the United States, the applicant will need to provide a copy of his/her discharge papers so that the \$100 Solicitor's application fee can be waived. **(note, fingerprinting fee will not be waived.)**
- 6) Applicant's signature must be notarized.
- 7) Return completed application, documents and the non-refundable application fee of \$100 to the Town Clerk's Office. The applicant will receive a receipt when the application is accepted by the Town Clerk's Office.
- 8) Each applicant must reapply each year with the Town Clerk's Office. However, he/she will only be fingerprinted every other year.
- 9) Then, each applicant must have fingerprints taken, please contact L 1 Enrollment at (877) 472 – 6915 to make an appointment. The following non-refundable fee must be paid at that time to L 1 Enrollment to the Fingerprinting Department. **The ORI # for the Town of Greenburgh is NY0595300.**
- 10) Before a license is approved, the applicant will be investigated by a Greenburgh Police Department Representative. The applicant must provide a schedule of the route and stops. As per the Town of Greenburgh Solicitor's Ordinance, no stop is to be longer than 15 minutes.



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### SOLICITOR'S LICENSE APPLICATION

The following must be provided by any person desiring solicitor's license from the Town Clerk of Greenburgh:

1) The name, date, and state of incorporation: (Attach a copy of the Articles of Incorporation)

\_\_\_\_\_

2) The current tax status of the organization: (i.e. whether tax exempt, not-for profit, etc).

\_\_\_\_\_

3) Proof of registration with the Department of State Office of Charities Registration and/or the Attorney General Charities Bureau.

\_\_\_\_\_

4) Attach Sample Literature

5) Provide the dates and times soliciting is to take place:

\_\_\_\_\_

6) A current list of the names, addresses, dates of birth and social security numbers of each solicitor. (Attach to Application)

7) Proof of an identification card for each solicitor including the name, photograph and name of organization. (Attach Copies to Application)

8) Each applicant shall submit two sets of fingerprints to the Chief of Police or their designated representative in conformity with the Fingerprints Law of the Town  
**(ORI # for Town of Greenburgh is NY0595300, Fingerprints must be in digital form)**

9) \$100 Non-Refundable fee for application

I have read the Greenburgh attached Laws contained in Chapter 390 of the Code of the Town of Greenburgh including the prohibited acts and restrictions on peddlers, solicitors, and registered canvassers and I understand that my permission to solicit may be revoked upon violation of these conditions.

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

\_\_\_\_\_  
Relationship to Organization

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

\_\_\_\_\_  
Notary Public

**TOWN OF GREENBURGH**  
**APPLICATION FOR CANVASSER LICENSE**

**OFFICE USE ONLY**

Application Received: \_\_\_\_\_ Receipt # \_\_\_\_\_ Amount Received \_\_\_\_\_  
License Approved On: \_\_\_\_\_ License Denied: \_\_\_\_\_ Reason: \_\_\_\_\_

There is a one hundred dollar (\$100.00) **non-refundable** fee to process this Application. False replies to any of the questions herein, under the law, constitutes perjury; detection of such falsity will result in refusal of license, or, if granted, in revocation of same.

*Please print and complete all information.*

***Personal Information***

Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Street Address City State Zip

Number of years at this address: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
Month Day Year

Are you an honorably discharged member of the U. S. armed forces? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please submit a copy of your discharge papers.

Date of Photo \_\_\_\_\_

Three full face photos: 2"x2"  
Passport type photos (not machine)  
Bareheaded on white background  
Taken within the last 30 days

***Exemptions***

Provided that such person has completed the application for a license to canvas, and has met all other requirements as set forth in this local law, there shall be no fee other than the fingerprint processing charge for an honorably discharged member of the armed forces of the United States, who is the holder of a license issued pursuant to Section 32 of the General Business Law of the State of New York.

**TOWN OF GREENBURGH**  
**APPLICATION FOR CANVASSER LICENSE**

Have you ever received a Canvasser's license from the Town of Greenburgh? \_\_\_\_\_

If yes, what years? \_\_\_\_\_ Last year fingerprinted \_\_\_\_\_

Were your previous Canvasser's licenses ever revoked or suspended? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, give particulars below:

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***Criminal Background***

Were you ever convicted of any crime other than a traffic violation? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, how many times? \_\_\_\_\_ State facts below, if necessary, attach additional sheets of paper)

Date	Jurisdiction	Under What Name	Conviction	Sentence Imposed

***Motor Vehicle Information***

Make \_\_\_\_\_ Model \_\_\_\_\_ Color \_\_\_\_\_ Year \_\_\_\_\_

Vin # \_\_\_\_\_ Reg. Type \_\_\_\_\_ Reg. Exp. Date \_\_\_\_\_

NY Motorist ID#: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

***Owner of Vehicle***

Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Street Address City State Zip

**TOWN OF GREENBURGH**  
**APPLICATION FOR CANVASSER LICENSE**

***Business Information***

Business Name \_\_\_\_\_

Describe the type of services, goods, wares and/or merchandise you wish to sell or solicit orders for:

\_\_\_\_\_

Westchester County Dept. of Health Permit Number (for food vendors) \_\_\_\_\_

Name of corporation, firm, association, club, partnership or any other organization represented by the applicant \_\_\_\_\_

***If canvassing for a Corporation:***

Date Incorporated \_\_\_\_\_ State Incorporated \_\_\_\_\_ No. of Officers in Corp. \_\_\_\_\_

For each officer of the Corporation, give the following information (attached additional sheets of papers if necessary):

Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Street Address City State Zip

Number of years at this address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
Month Day Year

I swear or affirm that all the foregoing answers to the foregoing questions and statements are true and correct to the best of my knowledge.

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

STATE OF NEW YORK  
COUNTY OF \_\_\_\_\_

\_\_\_\_\_ being duly sworn, deposes and says that he/she is the individual making the foregoing application for a Canvasser's license; that the answers to the foregoing questions and other statements contained herein are true of his/her own knowledge.

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

\_\_\_\_\_  
Signature of Notary Public or Commissioner of Deeds