

**THE TOWN OF CHESTER'S  
APPLICATION FOR PEDDLER, MERCHANT & SOLICITOR PERMIT  
CHAPTER 71 OF THE CODE OF THE TOWN OF CHESTER**

**Please circle the option that applies:**

**Peddler's Permit** (going from place to place)

License Fee: \$185/per month; \$285/2 mo.; \$685/6 mo.

**Transient Merchant** (sale of merchandise from one location;  
i.e. tent, lot, stand)

License Fees: \$25/1-Day; \$485.00/3mo. or any portion thereof.

**Charitable Solicitor**

No License Fee

**Farmer's Market**

License Fee: \$100.00 per month

**PLEASE COMPLETE THIS APPLICATION AND MAIL TO:**

**THE TOWN OF CHESTER**

1786 Kings Highway, Chester, NY 10918

Attn: Linda Zappala, Town Clerk or  
email to: [lzappala@thetownofchester.org](mailto:lzappala@thetownofchester.org)

**EACH PERSON MUST HAVE THEIR OWN TOWN LICENSE**

Applicant(s) Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Driver's License No. \_\_\_\_\_

**(Attach copy of License)**

Are you a Veteran: No ☐ Yes ☐

**COMPANY INFORMATION:**

Name of Company: \_\_\_\_\_

Merchandise: \_\_\_\_\_

**(State nature of merchandise being sold or offered for sale)**

Date and Place of Event: \_\_\_\_\_

**(If applicable)**

**VEHICLE INFORMATION:**

Type of Vehicle: \_\_\_\_\_ Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ Color: \_\_\_\_\_

License Plate No: \_\_\_\_\_ State: \_\_\_\_\_

**\*Please Provide the following: A copy of the Insurance Card, Driver's License, Vehicle Registration and current Vehicle Inspection with date of expiration.**

**HEALTH DEPT. INFORMATION:**

Are you required to have Orange County Department of Health Approval: No ☐ Yes ☐

**\*If yes, present original DOH License for photocopying**

Under the penalties of perjury, I declare the above information to be true and correct.

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

\_\_\_\_\_  
Date