



**Town of Beekman Recreation & Parks**

29 Recreation Center Road  
Hopewell Junction, NY 12533  
845-227-5783 845-227-9685F

[recdirector@townofbeekmanny.us](mailto:recdirector@townofbeekmanny.us) [www.beekmanrec.com](http://www.beekmanrec.com)



# Park Peddler's Application

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

Proprietor Last Name \_\_\_\_\_ Proprietor First Name \_\_\_\_\_ Date of birth \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Street Address \_\_\_\_\_ Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

\_\_\_\_ Driver's License provided  
\_\_\_\_ Vehicle Plate \_\_\_\_\_ Vehicle Year \_\_\_\_\_ Vehicle Make \_\_\_\_\_

|   |  |   |
|---|--|---|
| ____<br>Employee Last Name<br>____ License received | ____<br>Employee First Name<br>____ Background check form received | ____<br>Date of birth<br>____ Background Check Approved |
| ____<br>Employee Last Name<br>____ License received | ____<br>Employee First Name<br>____ Background check form received | ____<br>Date of birth<br>____ Background Check Approved |
| ____<br>Employee Last Name<br>____ License received | ____<br>Employee First Name<br>____ Background check form received | ____<br>Date of birth<br>____ Background Check Approved |

\_\_\_\_\_  
Description of Items to be sold  
\_\_\_\_\_

\_\_\_\_\_  
List all municipalities in which peddling has been done in past 6 months

Beyer – Doherty - Rec Park -Town Center Park \_\_\_\_\_ to \_\_\_\_\_  
Parks being permitted (circle all that apply) Days of Sale (circle) Hours of Sale

- \_\_\_\_ DOH Permit provided
- \_\_\_\_ NYS Sales Tax ID Certificate of Authority Provided
- \_\_\_\_ Proof of Workers Comp provided
- \_\_\_\_ Certificate of Insurance provided as specified naming the Town of Beekman as additionally insured at this address: 4 Main St. Poughquag, NY 12570
- \_\_\_\_ Received Black Out Dates & agree to avoid parks on the dates and times listed and to be listed

Proprietor Signature \_\_\_\_\_ Date \_\_\_\_\_