

***Town of Hyde Park***  
**Zoning Administrator's Office**  
4383 Albany Post Road  
Hyde Park, New York 12538  
845-229-5111  
Fax: 845-229-0349

**LICENSE NUMBER:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**DEALER – USED MOTOR VEHICLES LICENSE**

*PURSUANT TO PROVISIONS OF THE ZONING ORDINANCE OF THE TOWN OF HYDE PARK, COUNTY OF DUTCHESS, STATE OF NEW YORK, I HEREBY ISSUE A DEALER'S – USED MOTOR VEHICLES LICENSE TO:*

**NAME:** \_\_\_\_\_

*TO USE AND OCCUPY THE LANDS AND PREMISES AS DESCRIBED BELOW:*

**LOCATION:** \_\_\_\_\_

**NAME OF BUSINESS:** \_\_\_\_\_

**BUSINESS ADDRESS:** \_\_\_\_\_

**TELEPHONE NO.:** \_\_\_\_\_

**FEE FOR LICENSE:** \_\_\_\_\_

**LICENSE EFFECTIVE:** \_\_\_\_\_

**ISSUED BY:** \_\_\_\_\_  
Town Clerk

**DATE:** \_\_\_\_\_

*I HEREBY AGREE TO FOLLOW ALL THE APPLICABLE ZONING REGULATIONS CONTAINED SPECIFICALLY WITHIN ARTICLE VII, SECTION 108-27 OF THE TOWN OF HYDE PARK ZONING CODE.*

\_\_\_\_\_  
**Signature – Owner Of Property**

\_\_\_\_\_  
**Date**

**NUMBER OF CARS APPLIED FOR:** \_\_\_\_\_

**SIZE OF PROPERTY:** \_\_\_\_\_

