



TOWN OF CLARKSTOWN  
OFFICE OF THE SUPERVISOR

Alexander J. Gromack  
Supervisor

**Clarkstown Volunteer Incentive Program (CVIP)  
Merchant Application Form**

Dear Clarkstown Merchant:

Please use this form to enroll your business in our **CVIP**. Over 100 local merchants are already participating in the **CVIP** and generally offer a 10% discount on merchandise or services.

Be sure to include the official name of your business, its address and any limitations in your discount. This form must be signed by an authorized representative/owner of the business and returned to the Town Supervisor's Office.

Sincerely,  
Alexander J. Gromack  
Supervisor

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**Business Name:** \_\_\_\_\_  
**Business Description:** \_\_\_\_\_

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

**Phone Number:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

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

**Website:** \_\_\_\_\_

**% of Discount:** \_\_\_\_\_

**Limitations:** \_\_\_\_\_  
**(days, hours** \_\_\_\_\_  
**items, etc.** \_\_\_\_\_  
**or none)** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Title:** \_\_\_\_\_

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

**Please Print Name:** \_\_\_\_\_

**Please Return to the Supervisor's Office, 10 Maple Ave., New City, NY 10956 or fax 845-634-5456.**