

TOWN OF VICTOR
NEW YORK
APPLICATION FOR A PEDDLER/SOLICITOR'S LICENSE

DATE: _____

Applicant Name (Please Print):

1. _____
(Last Name) (First Name) (Middle Name)

2. Address:
a. Home: _____

b. Business: _____

c. Telephone: _____ Cell: _____

3. Physical Description:
a. Age _____ b. Sex _____ c. Height _____

d. Weight _____ e. Complexion _____ f. Hair _____

4. Self Employed? Yes _____ No _____

5. Name and Address of Firm/Employer: _____

a. If Partnership:

1. Name and Address of Principal Office of Partnership:

2. Name, Address and Phone number of Local Office of Partnership:

3. Name and Address of Each Partner:

b. If Corporation:

1. Name and Address of Principal Office of Corporation:

2. Name, Address and Phone number of Local Office of Corporation:

3. Name and Address of Person Whom Legal Notice May Be Served:

4. Name and Address of:

President: _____

Vice-President: _____

Secretary: _____

Treasurer: _____

6. Brief Description of Articles for Sale:

7. State plate number and type of vehicles to be used:

- 1. _____ 4. _____
- 2. _____ 5. _____
- 3. _____ 6. _____

8. If Armed forces Veteran and have been issued Peddlers License in accord with Article XI of this Ordinance, please attach copy thereof.

9. How long do you intend to remain in the Town for the purpose of engaging in such activity?

Days _____ Weeks _____ Months _____

10. Attach proof of the following:

- a. NYS Tax Identification number: _____
- b. NYS Health Department approval, if food vendor.
- c. Proof of Liability Insurance. **Expiration Date:** _____
- d. Letterhead from firm authorizing you to act as representative.

11. If selling from one specific location, please provide the following:

- a. Written permission of property owner to occupy premises.
- b. Proof of adequate parking showing ingress & egress.
- c. Proof applicant will provide for garbage and solid waste disposal.

12. Produce credentials from person, firm, or corporation for which you propose to do business, authorizing you to act as such representative.

13. Picture ID **Required** from applicant when signing.
Social Security Numbers Required for Everyone Soliciting.

14. Permit will expire one (1) year from date issued. **Permit renewals require a new application.**

15. Application Fee is Two Hundred Fifty Dollars (\$250.00)

Sworn to before me this _____

Day of _____, 20 _____

Applicant's Signature

Applicant's Address
