

CITY OF NORWICH, NEW YORK
HAWKERS, PEDDLERS AND SOLICITORS

LICENSE APPLICATION

1. FULL NAME OF APPLICANT _____
2. APPLICANT'S DATE OF BIRTH _____
3. D.M.V. IDENTIFICATION NUMBER _____
4. APPLICANT'S PERMANENT ADDRESS _____

5. APPLICANT'S CONTACT NUMBER – LANDLINE _____ CELL _____
6. COMPLETE NAME OF BUSINESS BEING REPRESENTED BY APPLICANT (IF APPLICABLE)

7. ADDRESS OF BUSINESS BEING REPRESENTED _____

8. TELEPHONE NUMBER OF BUSINESS – LANDLINE _____ CELL _____
9. HOW MANY YEARS HAS THE BUSINESS BEEN IN BUSINESS? _____
10. DO YOU EXPECT TO USE A VEHICLE? _____ IF "YES", HOW MANY _____
LIST THE MAKE, MODEL AND LICENSE NUMBER OF ALL VEHICLES USED _____

11. TYPE OF GOODS OR SERVICES TO BE SOLD _____
12. LIST THE SPECIFIC PRODUCTS TO BE SOLD _____

13. METHOD OF DISTRIBUTION:
 - A) DELIVERY AT TIME OF SALE _____
 - B) FUTURE SHIPMENT TO PURCHASER FROM OUTSIDE NYS _____
 - C) FUTURE SHIPMENT TO PURCHASER FROM WITHIN NYS _____
 - D) FUTURE SHIPMENT TO APPLICANT FROM OUTSIDE NYS FOR DIST. _____
 - E) FUTURE SHIPMENT TO APPLICANT FROM WITHIN NYS FOR DIST. _____
 - F) OTHER _____

**ARE YOU DEMANDING, ACCEPTING OR RECEIVING PAYMENTS OR DEPOSITS IN ADVANCE
OF FINAL DELIVERY OF PRODUCTS SOLD?** _____

IF SO, YOU ARE REQUIRED TO PROVIDE THE "CITY OF NORWICH" WITH A \$500.00 SURETY BOND

14. VETERAN EXEMPTION (Proof Required) _____

15. HAVE YOU EVER BEEN CONVICTED OF A CRIME? IF SO, STATE CIRCUMSTANCES

16. CERTIFICATE FROM SEALER OF WEIGHTS & MEASURES, IF APPLICABLE (Copy Required)

17. INTERSTATE COMMERCE COMMISSION CERTIFICATE # _____
(No fee charged if a member of Interstate Commerce) (Copy Required)

18. SALES TAX CERTIFICATE # (Copy Required) _____

19. COUNTY FOOD PERMIT # (Copy Required) _____

20. LICENSE FEES: (All License Fees are for a Calendar Year)

ANNUAL	\$200.00	EXPIRES 12/31/_____
SEASONAL*	\$150.00	EXPIRES __/__/_____
SPECIAL EVENT	\$ 25.00	PER QUALIFYING ORGANIZATION
STANDARD*	\$ 50.00	EXPIRES 12/31/_____
ADDITIONAL EMPLOYEE*	\$ 50.00	EXPIRES 12/31/_____

*ALL LICENSES ARE NOT IN EFFECT DURING SPECIAL EVENTS. A SPECIAL EVENT LICENSE MUST BE PURCHASED SEPARTELY TO SELL IN THE DESIGNATED SPECIAL EVENT AREA. SEE VENDOR ORDINANCE FOR SPECIFIC LICENSE REQUIREMENTS.

21. APPLICANTS NAME & LOCATION OF THE SPECIFIC VENDOR LICENSE REQUESTED:

ANNUAL LICENSE

APPLICANTS NAME: _____ N.E. CORNER OF WEST SIDE PARK

APPLICANTS NAME: _____ N.W. CORNER OF EAST SIDE PARK

APPLICANTS NAME: _____ S.E. CORNER OF EAST SIDE PARK

APPLICANTS NAME: _____ N.E. CORNER OF EAST SIDE PARK

SEASONAL LICENSE:

APPLICANTS NAME: _____ KURT BEYER POOL

APPLICANTS NAME: _____ WEILER PARK

22. HOW MANY EMPLOYEES DO YOU HAVE? _____

NAME, DATE OF BIRTH & DMV ID NUMBERS FOR ALL EMPLOYEES: _____

23. I, THE UNDERSIGNED APPLICANT, DO HEREBY CERTIFY THAT THE FOREGOING STATEMENTS ARE IN ALL RESPECTS TRUE AND CORRECT.

DATE

APPLICANT'S SIGNATURE

LICENSE NUMBER _____

APPROVED (CHIEF OF POLICE)

APPROVED (DIRECTOR OF FINANCE)