

CITY OF NORWICH, NEW YORK
HAWKERS, PEDDLERS AND SOLICITORS

LICENSE APPLICATION

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

5. PERSON OR FIRM REPRESENTED BY APPLICANT _____
6. ADDRESS OF PERSON OR FIRM REPRESENTED _____
7. DO YOU EXPECT TO USE A VEHICLE? _____ IF "YES", HOW MANY _____
WHAT MAKE, MODEL AND LICENSE NUMBER _____
8. TYPE OF GOODS OR SERVICES TO BE SOLD _____
9. 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 _____
10. VETERAN EXEMPTION _____
11. HAVE YOU EVER BEEN CONVICTED OF A CRIME? IF SO, STATE CIRCUMSTANCES

12. CERTIFICATE FROM SEALER WEIGHTS & MEASURER, IF APPLICABLE OR \$500.00 BOND AND/OR CASH
DEPOSIT (STATE ONE) _____
13. INTERSTATE COMMERCE COMMISSION CERTIFICATE # _____
(No fee charged if a member of Interstate Commerce) (Copy Required)
14. SALES TAX CERTIFICATE # _____
(Copy Required)
15. COUNTY FOOD PERMIT # _____
(Copy Required)
16. LICENSE FEES:

ANNUAL*	\$100.00	EXPIRES 12/31/ _____
SEASONAL*	\$ 75.00	EXPIRES / / _____
SPECIAL EVENT	\$ 25.00	
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.

17. APPLICANTS NAME & LOCATION OF VENDOR LICENSE REQUESTING:

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

18. HOW MANY EMPLOYEES DO YOU HAVE? _____
NAME & D.O.B. OF EMPLOYEES _____

19. APPLICANT'S CONTACT PHONE NUMBER: _____

20. 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)