

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:** \_\_\_\_\_  
(Liability Insurance must cover the effective dates of the permit)  
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)

16. Signed Ontario County Sheriff's Request for Release of information.

Sworn to before me this \_\_\_\_\_

Day of \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Applicant's Address

