



APPLICATION  
PEDDLER / SOLICITOR LICENSE

PLEASE PRINT AND COMPLETE IN FULL

Applicant: \_\_\_\_\_  
(Last Name) (First Name) (Middle Name)

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

Mailing address if different: \_\_\_\_\_

Telephone/Cell Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Have you ever been convicted of a crime, misdemeanor or violation of any municipal ordinance? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, attach a police record from the police agency where the crime/misdemeanor/violation occurred.

Disposition of each charge \_\_\_\_\_

Community where offense occurred \_\_\_\_\_

Name, Address and Phone Number of Firm/Employer represented: \_\_\_\_\_

Email address: \_\_\_\_\_

If Firm is a Partnership, Joint Venture or D.B.A. **provide a list** including:

- Name, address and phone number of principal office
- Name, address and phone number of local office (if any)
- Name and Address of Each Partner

If Corporation **provide a list** including:

- Name, address and phone number of principal office of Corporation
- Name, address and phone number of local office of Corporation (if any)
- Name and Address of President
- Vice-President
- Secretary
- Treasurer

Name and address of person whom legal notice may be served \_\_\_\_\_

Brief Description of articles for sale/donations: \_\_\_\_\_

- Provide a brochure/door hanger/informational ad of all goods, wares, or commodities to be offered for sale, along with a true invoice of their amount, quality and value or purpose for donations.

If vehicles are to be used:

Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_

License plate number \_\_\_\_\_ State \_\_\_\_\_

If Armed forces Veteran and have been issued Peddlers License in accord with Section 150-6 of this Ordinance, please attach copy thereof.

Dates you intend to remain in the Town for the purpose of engaging in such activity?

From: \_\_\_\_\_ To: \_\_\_\_\_

**Attach** the following:

- NYS Tax Identification number.
- NYS Health Department approval, if food vendor.
- Proof of Liability Insurance. (Liability Insurance must cover the effective dates of the permit and Name the Town of Victor as an additional Insured)
- Credentials from person, firm, or corporation for which you propose to do business, authorizing you to act as such representative.

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

- Written permission of property owner to occupy premises.
- The Use may need review by the Planning Department and/or the Building Department.

Clear copy of Driver’s license or non-driver’s state issued photo identification is **REQUIRED** from applicant when signing along with completed New York State Police and Ontario County Sheriff’s Requests for Release of Information.

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

Application Fee is One Hundred Dollars (\$100.00) per Applicant per calendar day.

Allow 10 business days for processing by the Town Clerk prior to soliciting.

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

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

\_\_\_\_\_  
Notary/Town Clerk/Deputy Town Clerk

\_\_\_\_\_  
Applicant’s Signature

\_\_\_\_\_  
Applicant’s Address

Fee Paid on \_\_\_\_\_

Payment Type:

Cash  Check  Check # \_\_\_\_\_

Receipt # \_\_\_\_\_