



Peddling Permit Application

Lynne M. Buchanan, Town Clerk

Tammy Kennedy, Deputy Town Clerk
P.O. Box 339, Guilderland, NY 12084
(518) 356-1980 FAX: (518) 356-3955

SCHEDULE OF FEES:

STANDARD: \$250.00
ADDITIONAL EMPLOYEES: \$25.00

1. NAME: FIRST		LAST	MAIDEN NAME (IF APPLICABLE)	2. TELEPHONE #:										
3. STREET ADDRESS (LOCAL):			STATE:	ZIP:										
4. LEGAL ADDRESS:			STATE:	ZIP:										
5. DATE OF BIRTH:		6. CITIZENSHIP		7. SOCIAL SECURITY #:										
8. APPLICANT'S PLACE OF RESIDENCE FOR PAST 5 YEARS: (USE ADDITIONAL SHEET IF NECESSARY)														
9. HAVE YOU EVER BEEN CONVICTED OF ANY CRIME, MISDEMEANOR OR VIOLATION OF ANY MUNICIPAL ORDINANCE? <input type="checkbox"/> YES <input type="checkbox"/> NO				10. IF YES, DATE:										
11. DRIVERS LICENSE ID #:		12. ADDRESS ON DRIVERS LICENSE:												
13. WHO OWNS THE VEHICLE?		14. CURRENT VEHICLE PERMIT #:												
15. Items listed below must be submitted with application: <ol style="list-style-type: none"> Itemized statement of all merchandise or services to be sold or offered for sale, including a price list. Letter of authorization from firm or organization the applicant represents. Letter of authorization from each business supplying merchandise or services which applicant sells or solicits orders for. Copies of all order and receipt forms used by applicant in soliciting sales or orders. Three photographs of applicant (2"x2") taken within 30 days of application. Such photographs shall show the head, full face, and shoulders of applicant. One copy of photograph shall be attached to application. One to the license and the third shall be attached to application. One to the license and the third shall be delivered to the Chief of Police of the Town of Guilderland. Vehicle Identification Number. Photocopy of applicant's driver's license. 														
16. The following information should be stated for each employee of applicant: <table border="0"> <tr> <td><input type="checkbox"/> Name and address</td> <td><input type="checkbox"/> Citizenship</td> <td><input type="checkbox"/> Social security number</td> </tr> <tr> <td><input type="checkbox"/> Date of birth</td> <td><input type="checkbox"/> Description of nature of business</td> <td><input type="checkbox"/> Expected inclusive dates of soliciting activity</td> </tr> <tr> <td><input type="checkbox"/> Names of street where peddling</td> <td><input type="checkbox"/> Photographs as described above</td> <td><input type="checkbox"/> Photocopy of driver's license</td> </tr> </table>						<input type="checkbox"/> Name and address	<input type="checkbox"/> Citizenship	<input type="checkbox"/> Social security number	<input type="checkbox"/> Date of birth	<input type="checkbox"/> Description of nature of business	<input type="checkbox"/> Expected inclusive dates of soliciting activity	<input type="checkbox"/> Names of street where peddling	<input type="checkbox"/> Photographs as described above	<input type="checkbox"/> Photocopy of driver's license
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NO LICENSE SHALL BE ISSUED AUTHORIZING PEDDLING BY ANY PERSONS UNDER THE AGE OF 18 YEARS.

THE LICENSE SHALL BE NON-ASSIGNABLE AND UPON REQUEST SHALL BE PRODUCED AND EXHIBITED TO ANY POLICE OFFICER OR PERSPECTIVE CUSTOMER OF THE LICENSE.

NO LICENSE SHALL BE VALID FOR A PERIOD OF MORE THAN 60 DAYS FROM THE ISSUANCE DATE AND IN NO EVENT SHALL IT BE VALID AFTER THE LAS DAY OF THE YEAR IN WHICH IT IS ISSUED.



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17. Briefly describe the nature of the business, goods and or services being sold:	
18. Expected inclusive dates of soliciting activity and reasons why activity will require such period of time:	
19. Name of streets or areas of the Town of Guilderland where peddling will be conducted:	
20. List all other municipalities in which applicant has peddled within the last three years together with inclusive dates of such activities, together with a list of previous peddlers' license permit numbers noting which are still in effect:	
21. List of previous employment (exclusive of peddling) during the last three years:	
22. Name and address of firm or organization represented, if any:	
23. Name and address of counsel for applicant:	
24. If vehicle is to be used, a description of same, together with license number:	
25. Names and addresses of at least two reliable property owners in the State of New York, who will certify as to the applicant's good character and reputation for business responsibility, or in the lieu of any other available evidence as to the good character and business responsibility, of the applicant which would enable the Town Clerk to properly evaluate such character and reputation for business responsibility:	
26. SIGNATURE OF APPLICANT:	27. DATE:
28. FEES RECEIVED ON:	29. BY:



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AUTHORIZATION FOR RELEASE OF INFORMATION

I, the undersigned, hereby authorize the release to the Town of Guilderland, any and all records that relate to my background, including but not limited to records and reports of local/state and federal law enforcement agencies. I voluntarily authorize the Town of Guilderland to make inquiry into my past criminal convictions in any state or federal court.

I authorize an inquiry be made of my past employer(s).

I authorize an inquiry be made of my present employer(s).

(Make note if you do not want your present employer contacted and why.)

I acknowledge by this authorization that I release any and all persons/institutions and legal entities from any and all obligation of liability arising from the release of records described herein to the parties herein.

Social Security Number

Date of Birth

Print Name

Street Address

City/Village/Town/ State

Zip

Signature

Date