

APPLICATION FOR LICENSE OR PERMIT
VENDORS-PEDDLERS-SOLICITORS

Town of Glenville
Office of the Town Clerk
18 Glenridge Road
Glenville, NY 12302

(518) 688-1200 ext. 402

NAME _____ DOB _____ LICENSE NO. _____

(a) LEGAL ADDRESS _____
_____ TEL. NO. _____

(b) LOCAL ADDRESS _____
_____ TEL. NO. _____

SOCIAL SECURITY NO. _____

Are you a United States Citizen? _____ If not, state country of citizenship, type of visa or status (i.e. resident or alien) in the U.S. _____

Name, address and telephone number of firm or organization represented

Valid NYS Sales Tax Number _____

Name and address within State of New York of a person upon whom legal notice or process may be served _____

What type of business will you be conducting? _____
What type of goods will be sold? _____

If a vehicle(s) is to be used, list as follows:

<u>Year/Make/Model</u>	<u>Color</u>	<u>License Number/Issuing State</u>
_____	_____	_____
_____	_____	_____

Have you ever been convicted of a crime, misdemeanor or violation of any municipal ordinance or local law? _____

If yes, list what crime(s) misdemeanor(s) or violation(s) and what was the punishment or penalty assessed thereof?

List all other municipalities in which you have peddled or hawked. List inclusive dates of these activities for the last three year period. Also list previous vendor license permit number and indicate which is still in effect.

	<u>MUNICIPALITY</u>	<u>LICENSE NUMBER</u>	<u>DATES IN THAT AREA</u>
(a)	_____	_____	_____
(b)	_____	_____	_____
(c)	_____	_____	_____
(d)	_____	_____	_____

List the names, addresses and telephone of at least two (2) reliable property owners in the County of Albany, Schenectady or Saratoga in the State of New York who will certify as to your good character and business responsibility.

	<u>Name</u>	<u>Address</u>	<u>Telephone</u>	<u>How many years acquainted</u>
(a)	_____			
(b)	_____			

DATE _____

APPLICANTS SIGNATURE _____

License Issuance Date: _____

Glenville Town Clerk