No.	
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Village of Nunda Livingston County, New York

APPLICATION FOR PEDDLERS AND SOLICITORS LICENSE WITHIN THE VILLAGE OF NUNDA, NEW YORK

DATE
Instructions: (a) This application is to be filled in by typewriter or in ink and submitted in duplicate to the Village of Nunda Village Clerk-Treasurer.
APPLICATION IS HEREBY MADE to the Nunda Village Clerk-Treasurer for the issuance of a license to act as a vender, hawker, peddler or solicitor within the Village of Nunda, New York. The applicant acknowledges receipt of a copy of the Village of Nunda Local Law #4 of 2018 Concerning, Soliciting, Peddling adopted December 11, 2018 of the Village of Nunda which Local Law regulates and licenses peddlers and solicitors within the Village of Nunda and agrees to abide by the terms thereof together with the terms of all other applicable laws, ordinances and regulations of the Village of Nunda.
Name of applicant or employee of applicant
1a. Name of Employer (if any)
2. Permanent home address
3. Local Address If different from address in item #2 above)
Name and address of firm represented (if any)
i. Length of time for which license is requested (licenses shall be issued for a specific period of time but not longer than for one (1) year)
Beginning date Ending Date
i. Provide copy of valid identification (NY State Drivers License, Passport)
. Contact Telephone/Cellphone number
. Governing Board Approval Date
. State the kind of goods, wares and/or merchandise desired to be sold or the kind of services to be performed y applicant
0. Method of distribution (if applicable) (e.g. by mail, house to house, etc.)

11. If applicant i	s a partnership, the name and address of all partners	
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12. If applicant is secretary and trea	s a corporation, the name and address of the principal officers (prasurer) (a)	esident, vice-president,
(b) The name and	d address of a natural person upon whom legal process may be se	rved within the State of
	or misdemeanors of which the applicant has been convicted	
Nature of Offens	e Felony or Misdemeanor Date of Disposition C	Court having Jurisdiction
4. New York Sta		
5. Name and nur		of Nunda (complete only
5. Name and nur	ate Tax Identification Number	of Nunda (complete only
5. Name and nur	ate Tax Identification Number	of Nunda (complete only
5. Name and nur f application is b	ate Tax Identification Number	of Nunda (complete only
5. Name and nur f application is b	ate Tax Identification Number mber of employees of applicant who will work within the Village by employer not by employee)	of Nunda (complete only
5. Name and nur f application is b 6. Will you be delivery of those)Yes ()No	ate Tax Identification Number	of Nunda (complete only

STATE OF NEW YORK

COUNTY OF				
(applicant) (employee of applinformation contained therei		being duly sworn, depose in. That he has read the forego of his knowledge.		
Sworn to before me this, day of,	20		(Signature of A	Applicant or Employee)
Notary Public	-			
County Sealer of Weights ar applicant have been examine 2. An applicant that demand shall file with the Nunda Vil- executed by a surety compar- sum of One Thousand Dolla and/or merchandise ordered or, failing herein, that the ad- of any licensed solicitor shall or both. The bond shall rema- retained by the Nunda Villag- license, unless sooner releas	nd Measures certifying and approved. s, accepts or received lage Clerk-Treasured or insurance compars (\$1,000.00) conditions or services to be persuance payment on sull have the right by a lain in full force and eage Clerk-Treasurer for ed by the Nunda Villed.	Sunda Village Clerk-Treasurering that all weighing and measts a payment or deposit of mone or at the time the application is pany licensed to do business with the properties of the properties	y in advance of filed a cash deposition the State elivery of the go e terms of any derson aggrieved every of money cosit, such deposits after the expiritude.	final delivery cosit or a bond of New York in the cods, wares order obtained, by the action or damages, sit shall be ation of any such
Received by Nunda Village	Clerk-Treasurer			•
NAME	ADDRESS		D/O/B	ss#

NAME	ADDRESS	D/O/B	SS#
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