

No. \_\_\_\_\_

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.

1. 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)

4. Name and address of firm represented (if any) \_\_\_\_\_

5. 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 \_\_\_\_\_

6. Provide copy of valid identification (NY State Drivers License, Passport) \_\_\_\_\_

7. Contact Telephone/Cellphone number \_\_\_\_\_

8. Governing Board Approval Date \_\_\_\_\_

9. State the kind of goods, wares and/or merchandise desired to be sold or the kind of services to be performed by applicant \_\_\_\_\_

10. Method of distribution (if applicable) (e.g. by mail, house to house, etc.) \_\_\_\_\_

11. If applicant is a partnership, the name and address of all partners \_\_\_\_\_

\_\_\_\_\_

12. If applicant is a corporation, the name and address of the principal officers (president, vice-president, secretary and treasurer) (a) \_\_\_\_\_

\_\_\_\_\_

(b) The name and address of a natural person upon whom legal process may be served within the State of New York \_\_\_\_\_

\_\_\_\_\_

13. All felonies or misdemeanors of which the applicant has been convicted

Nature of Offense	Felony or Misdemeanor	Date of Disposition	Court having Jurisdiction
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14. New York State Tax Identification Number \_\_\_\_\_

15. Name and number of employees of applicant who will work within the Village of Nunda (complete only if application is by employer not by employee) \_\_\_\_\_

\_\_\_\_\_

16. Will you be demanding, accepting or receiving payment or deposit of money in advance of final delivery of those persons with whom you are dealing within the Village of Nunda

( ) Yes ( ) No

17. Prior to any work being started within the Village of Nunda, a customer list will be provided to the Village Clerk-Treasurer in advance

Date \_\_\_\_\_

\_\_\_\_\_  
(Signature of Applicant or Employee)

Date reviewed by Village Clerk-Treasurer/initials \_\_\_\_\_

