

TOWN OF JOHNSBURG, NEW YORK
APPLICATION FOR LICENSE OF PEDDLING AND VENDING

- 1) NAME: _____ PHONE #: _____
- 2) ADDRESS: _____
- 3) CITIZEN OF THE US? _____
- 4) NAME OF BUSINESS OR OCCUPATION TO BE LICENSED: _____

- 5) TYPE OF BUSINESS TO BE LICENSED: _____
- 6) FORMER BUSINESS OR OCCUPATION: _____
- 7) NUMBER OF YEARS IN BUSINESS OR OCCUPATION YOU ARE LICENSING: _____
FROM _____ TO _____
- 8) HAVE YOU EVER BEEN CONVICTED OF A CRIME? _____ WHEN: _____
IF YES, PLEASE EXPLAIN: _____
- 9) IF YOU ARE GRANTED THIS LICENSE WILL YOU COMPLY WITH ALL FEDERAL, STATE AND LOCAL STATUTES AND ORDINANCES:

- 10) NAME, AGE & ADDRESS OF PERSON WHO WILL MANAGE OR SUPERVISE THIS BUSINESS IF OTHER THAN APPLICANT: _____
- 11) HAS SUCH SUPERVISOR OR MANAGER EVER BEEN CONVICTED OF A CRIME? _____ WHEN: _____
IF YES, PLEASE EXPLAIN: _____
- 12) THE NUMBER & KIND OF VEHICLES FOR WHICH THE LICENSE IS REQUESTED ARE: _____

- 13) THE GOODS, WARES AND MERCHANDISE HE/SHE DESIRES TO SELL OR THE KIND OF SERVICE HE/SHE DESIRES TO RENDER IS: _____
- 14) THE NAME & ADDRESSES OF ALL PARTNERS, OR IF A CORPORATION, THE NAMES & ADDRESSES OF ALL PRINCIPAL OFFICERS AND THE NAMES & ADDRESSES OF A PERSON UPON WHOM A LEGAL NOTICE MAY BE SERVED ARE: _____

15) ARE ANY INDIVIDUALS UNDER THE AGE OF 18? _____

SALES TAX NUMBER: _____

DATE

SIGNATURE OF APPLICANT