

TOWN OF JOHNSBURG

APPLICATION FOR LICENSE OF PEDDLING AND VENDING

- 1) Name _____ Tel. No. _____
- 2) Office Address _____
- 3) Citizen of U. S.? _____
- 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 now licensing _____
From _____ To _____
- 8) Have you ever been convicted of a crime? Yes _____ No _____
If yes, please explain: _____
_____ When? _____
- 9) If you are granted this license, will you comply with all Federal, State and Local Statutes and Ordinances? _____
- 10) Name, age and 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? _____
If yes, please explain: _____
- 12) The number and kind of vehicles, if any, to be used by the applicant in carrying on the business 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) Applicant's name, address and age are as follows: _____

15) The names and addresses of all partners, or if a corporation, the names and addresses of all principal officers, and the names and addresses of of a person upon whom a legal notice may be served are: _____

16) None of the above-named are under the age of 18 years of age.

Sales Tax No. _____

Date _____

Signature of Applicant