VILLAGE OF MOUNT MORRIS
PEDDLERS PERMIT APPLICATION

Name of Primary person		
Address		
Date of Birth	Social Security #	Citizenship of Applicant:
Description of the service to be sold:		
Date of Services to and from:		
Name of street or area where peddling will be conducted:		
Three photographs of applicants 2x2 taken within 30 days of application: One photo will be attached to application, one attached to license & one for police dept.		
Attach a list of the municipalities; dates& previous peddlers license number in the last year where applicant has peddled.		
Attach a list of previous employment in the last three year exclusive of peddling		
Name and address of the firm or organization that you are representing:		
Attach an itemized statement of all merchandise or service to be sold.		
Letter of authorization from the firm or organization you are representing		
Letter of authorization from the business supplying merchandise.		
Copies of all order and receipt form used by applicant.		
Name and address of counsel for the applicant.		
Vehicle to be used: Make, color and license number:		
Has the applicant ever been convicted of a crime or violation of Federal, State or Municipal Law Yes _____ No _____ If yes, explain		
Name and addresses of two reliable property owners in Livingston County, State of New York who will certify to the food character of the applicant.		

On the attached sheet please fill out the information for each additional worker:

Name		
Address		
Date of Birth	Social Security #	Citizenship of Applicant:

Name		
Address		
Date of Birth	Social Security #	Citizenship of Applicant:

Name		
Address		
Date of Birth	Social Security #	Citizenship of Applicant:

Name		
Address		
Date of Birth	Social Security #	Citizenship of Applicant:

Name		
Address		
Date of Birth	Social Security #	Citizenship of Applicant:

Name		
Address		
Date of Birth	Social Security #	Citizenship of Applicant: