



CITY OF HORNELL

82 Main Street PO Box 627, Hornell, NY 14843
(607) 324-7421 • (607) 324-3150 Fax



APPLICATION FOR PEDDLER AND TRANSIENT MERCHANTS

PLEASE PRINT OR TYPE. Answer all questions completely.

If a question is not pertinent, write N/A in the accompanying space. Do not leave any question unanswered. Incomplete or unanswered questions shall result in a denial of the application.

Falsification of answers in this application shall result in the revocation of the Peddler/Transient Merchant Permit, forfeiture of any fees or bond, and potential criminal prosecution.

INDIVIDUAL BACKGROUND

Name of Applicant: (also Maiden name): _____

Permanent Address: _____

Permanent Phone Number: (____) _____

Place & Date of Birth: _____ Age _____

Social Security Number: _____ - _____ - _____

Male: _____ Female: _____

Do you possess a current driver's license? No _____ Yes _____

What State issued your driver's license: _____

Driver's License I. D. Number: _____

Do you own or have use of a motor vehicle? YES _____ NO _____

Make & Year of Vehicle: _____

Color: _____ Model: _____

License Plate Number: _____

State Registered: _____

Have you ever been convicted of a misdemeanor or felony: _____ yes _____ no

If convicted, for what and where _____

BUSINESS/ORGANIZATION - INFORMATION

Name of Business/Organization: _____

Address: _____

Business Phone Number: (____) _____

Type of product or items to be sold: _____

Method of distribution of the goods, wares, services or foodstuffs: _____

Number of Years Business has been open or conducted: _____

If applicant intends to sell foodstuffs, include the following:

New York State Health Department Certificate (Attach Copy)

Date Issued: _____ Date Expires: _____

REFERENCES

A. List the location and addresses where you have conducted business over the past six months (specify dates for each) _____

B. List three (3) character references (not relatives) that have known you for a period of at least one year:

Name: _____

Address: _____

Home phone: (____) _____ Business phone: (____) _____

Occupation: _____

Nature of acquaintance: _____

Name: _____

Address: _____

Home phone: (____) _____ Business phone: (____) _____

Occupation: _____

Nature of acquaintance: _____

Name: _____

Address: _____

Home phone: (____) _____ Business phone: (____) _____

Occupation: _____

Nature of acquaintance: _____

NOTE: The City of Hornell, New York reserves the right to check any and all references that may reflect on your character and business practices. The office of the City Clerk shall not issue a Peddler/Transient Merchant Permit until such time as applicant's background and character have been certified by the Hornell Police Department.

Applicant shall allow for a period of up to five business days to complete this task.

INSURANCE COVERAGE

The City of Hornell requires that applicant provide the City proof of insurance.

SIGNATURE

I certify under penalty of perjury that I have personally answered all the questions contained herein and that the information provided by me is true and complete to the best of my knowledge.

I have read the foregoing and understand that FALSE STATEMENTS MADE HEREIN ARE PUNISHABLE AS A CLASS "A" MISDEMEANOR PURSUANT TO SECTION 210. of the NEW YORK STATE PENAL LAW.

In the event of inclement weather, the permit fee will not be reduced, pro-rated or refunded

Signature _____

Sworn to and subscribed before me this _____ day of _____, 20____

Notary Public

Commission expires:

POLICE DEPARTMENT VERIFICATION

The references and credentials of the individual have been checked and APPROVED/DISAPPROVED by the Hornell Police Department.

Dated: _____

Theodore J. Murray, Chief of Police

CITY CLERK LICENSE INFORMATION

Fee Paid: \$_____

Certificate Number: _____

(\$25/six months or \$2/day)

Date License Issued: _____

Date License Expires: _____

Date: _____

City Clerk's Signature

(10/23)