74 GENESEE STREET
AVON, NY 14414
Ph: 585-226-8118
Fax: 585-226-6284

PEDDLER & SOLICITOR LICENSE APPLICATION

Name: _____

Address: _____

_____

Phone: _____

Email: _____

Soc.Sec.#: _____
(copy of card required)
Driver's License #: _____
(copy of license required)
Health Dept. License: _____
(for food sales; copy required)
Company Represented: _____

GOODS/SERVICES OFFERED FOR SALE:

Appliance sales: _____
Book sales: _____
Driveway pave: _____
Driveway seal: _____
Hot dog sales: _____
Ice cream sales: _____
Landscaping: _____
Lawn mowing: _____
Magazine sales: _____
Vacuum sales: _____
Other(specify): _____
_____
(copy of sales literature required)

VEHICLE(S) USED IN SALES:

1. Make: _____ Year: _____
   Model: _____ License Plate #: _____

2. Make: _____ Year: _____
   Model: _____ License Plate #: _____

3. Make: _____ Year: _____
   Model: _____ License Plate #: _____

CONVICTIONS RECORD *(misdemeanors and felonies)*

1. Jurisdiction: _____
   (name and address of court)
   Charge: _____
   Date of conviction: _____
   Penalty imposed: _____

2. Jurisdiction: _____
   (name and address of court)
   Charge: _____
   Date of conviction: _____
   Penalty imposed: _____

TERM OF LICENSE/FEE
7-days/ $20.00: _____
30-days/ $50.00: _____
90-days/ $200.00: _____
Annual/ $800.00: _____

ASSITANT TO PEDDLER/SOLICITOR
6-months/ $20.00: _____
Annual/ $30.00: _____
(Assistant travels with & assists salesman)

ADDITIONAL INFORMATION PROVIDED/REQUIRED:

_____
_____
_____
_____
_____
_____

Signature of Applicant: _____

Date: _____

SATISFACTORY BACKGROUND CHECK REQUIRED BY AVON POLICE DEPT. (APD)

APD Approval/ Signature: _____

Date: _____
Receipt #: _____