OFFICE OF THE TOWN CLERK
TOWN OF WEST SENECA
APPLICATION FOR SOLICITOR'S & PEDDLER'S PERMIT

Permit No.: _____

Fee: $75.00

APPLICANT DESCRIPTION

Name: _____ Date of Birth: _____

Address: _____

Phone No.: _____ Email: _____

Height/ Weight: _____ Eye Color: _____

Have you ever been arrested or convicted? If so, please explain in detail. _____

_____

_____

EMPLOYER/ VEHICLE INFORMATION *[If applicant is employed by someone, attach a letter of authorization]*

Name: _____ Tax ID No.: _____

Make/ Model: _____ Year: _____

Color: _____ Plate Number: _____

VIN No.: _____ Title Holder: _____

Location(s) where the soliciting, or peddling operation is to be conducted: _____

_____

Purpose of soliciting, or peddling: _____

REGULATIONS AT A GLANCE

- No activities shall be conducted before 9:00 a.m., or after the earlier of 7:00 p.m. or dusk.
- Issued permits are not transferable.
- Solicitor's and Peddler's permits automatically expire 30 days after issuance.
- A permit issued may be revoked if, following its issuance, the Police Department and Code Enforcement Office, in their sole discretion, determine if applicant misrepresented his or her conviction record.

_____
Applicant Signature

Sworn and subscribed before me, on this _____ day of _____, 20_____.

_____
Notary Public

Department of Police

BRIAN E. COSGROVE
CHIEF OF POLICE

TOWN OF WEST SENECA
MUNICIPAL BUILDING
1250 UNION ROAD
WEST SENECA, NEW YORK 14224

716-674-2280
FAX: 716-674-1063
WWW.WSPOLICE.COM

PERSONAL INQUIRY WAIVER

AUTHORITY FOR RELEASE OF INFORMATION

APPLICANT'S NAME: _____

ADDRESS: _____

DATE OF BIRTH: _____

SOCIAL SECURITY NUMBER: _____

RACE: _____

SEX: _____

I, the undersigned, authorize the West Seneca Police Department to provide me with a local arrest record check on myself for such purpose(s) as employment, adoption, military enlistment, licensing and/or permit application, etc. Such information requested in connection with any possible arrest may include arrest records, and reports including all information of a confidential or privileged nature and photocopies of same.

I hereby release the West Seneca Police Department and members of your department from any liability or damage that may result from furnishing the information requested above.

_____ _____

APPLICANT'S SIGNATURE DATE