Town of Malta
2540 Route 9
Malta, NY 12020
Phone: (518) 899-2552 Fax: (518) 899-4719 www.malta-town.org

Vendor, Hawker and Peddler License

APPLICATION

Date: _____

1). Name: _____ Age: _____
Address: _____

2). Name of Firm of Corp.: _____
Address: _____
Telephone No.: _____

3.) Kinds of Goods, Wares, Merchandise to be sold or Service to be performed:
_____
_____

4.) Method of distribution:
_____
_____
_____

5.) State in detail the business, trade or occupation for occupation for which the license is required:
_____
_____

6.) Manner or means of conveyance in which said business or trade shall be conducted:
_____
_____

7.) Registration # _____ Lic# _____
Make of Vehicle_____

8.) Locality within which you desire to carry on such trade or soliciting:
_____

9.) Length of time applicant desires (from) _____ (to) _____

10.) Will payment of deposit of be demanded, accepted or received prior to final delivery:_____

11.) Name of officers upon whom process or other legal notice may be served:
_____

12.) If partnership, residences of persons composing such partnership:
_____

13.) Other pertinent information: _____

License No. _____ _____
(Signature of Applicant)

The Following are required to be attached:

( ) Copy of Certificate from Sealer of Weights & Measures certifying all weighing and measuring devices to be utilized.

( ) Two photos (2” x 2”) of applicant cleary showing head & Shoulders.

( ) $5,000.00 bond deposit (retained for ninety (90) days after expiration of said license).

Hours of Operation:

Morning: _____ Location: _____
Afternoon: _____ Location: _____
Evening: _____ Location: _____

As times or locations change a new permit will be required.