PEDDLER LICENSE APPLICATION
Office of The City Clerk- Stacy Ortiz
61 Church Street Amsterdam, NY 12010
Phone: 518-841-4300 Email: Clerk@amsterdamny.gov

City of Amsterdam Hawkers, Peddlers and Vendors Application and Permit Chapter 171, City Code.

Please Check One:

☐ **6 month license application ($95)**

☐ **1 year License application ($125)**

Applicant Name: _____

Company Name: _____

Street Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Business Phone: _____ **Applicant Daytime Phone:** _____

SSN: _____ **DOB:** _____

Conviction Record – Offense/Date/Jurisdiction: _____

_____

_____

Product Information Product Description: _____

_____

_____

Location where the goods will be sold: _____

_____

NYS Tax No.: _____ **Federal Tax No.:** _____

NYS Dept, of Health No.: _____ (for food vendors; photocopy of permit required)

NYS Dept, of Agriculture & Markets Permit No.: _____ (for frozen food vendors; photocopy of permit required)

Vehicles Used in Sales:
Make: _____ **Model:** _____

Year: _____ **Driver's License No.:** _____

Reg. No.: _____

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Vehicle Insurance Company: _____
Policy No.: _____

Public Liability Insurance Company:_____
Liability Policy Number: _____
A certificate of insurance, showing public/general aggregate of one million dollars ($1,000,000.00) minimum, combined single limit for bodily injury and property damage of five hundred thousand dollars ($500,000.00) and naming the City of Amsterdam as an additionally insured, must be submitted before an application can be processed.

City of Amsterdam Resident References: (at least three must be provided)
l)Name:_____ Address_____
Phone Number:_____
2) Name:_____ Address_____
Phone Number:_____
3) Name:_____ Address_____
Phone Number:_____

Affirmation and Signature of Applicant :
I _____ hereby affirm that all of the information contained herein and above to be truthful and accurate.

Applicant Signature: _____

Signature Date: _____
Printed Name of Applicant: _____

STATE OF _____
COUNTY OF _____
SUBSCRIBED AND SWORN TO BEFORE ME
THIS _____ DAY OF _____, _____
BY _____
_____
NOTARY PUBLIC

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Checklist -Applicant must provide the following:

- ☐ Copy of Driver's License
- ☐ Vehicle registration (if applicable)
- ☐ Insurance Bond
- ☐ Two passport sized photographs
- ☐ NYS DOH # (food vendors must provide copy of health permit)
- ☐ NYS Dept, of Agriculture & Markets Permit No (for frozen food vendors; photocopy of permit required)
- ☐ Application Fee of $10 paid date: _____

City Clerk USE ONLY:

CITY CLERK RECEIVED DATE: _____ STAFF INITIALS:_____

CHIEF OF POLICE SIGNATURE:_____ DATE:_____

APPROVED:_____ DISSAPROVED:_____

License #_____

License Type

- ☐ 6 Month -$95
- ☐ 1 Year- $125

Fee amount: _____
Fee received date:_____
License Issue date:_____
DO NOT SOLICIT LIST PROVIDED _____YES _____DATE

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BACKGROUND CHECK FOR VENDORS
PRIVACY ACT RELEASE

NAME:_____

DOB:_____

SOCIAL SECURITY #:_____

TELEPHONE #:_____

LAST TWO ADDRESSES: 1)_____

2)_____

I, _____ am authorizing a background check in order to obtain a
(print name)
vendor license in the City of Amsterdam,

I acknowledge that I hereby knowingly and voluntarily waive the right to privacy I have under Federal and State Law. I do hereby authorize the City of Amsterdam Police Department to release any and all information concerning my criminal record or history to the City of Amsterdam City Clerk.

I further agree to indemnify, and hold said Police Department which provides the requested information, forever free and harmless with respect to any and all damages, claims and causes of action resulting directly or indirectly from the providing of said information.

I voluntarily agree to cooperate and release from all liability for City of Amsterdam and all other persons and complies supplying such information.

SIGNATURE OF APPLICANT: _____ DATE:_____

WITNESS SIGNATURE:_____
(City Clerk Staff only)