VENDOR AND SOLICITORS PERMIT

VILLAGE OF ARCADE
17 Church Street • Arcade • NY • 14009
(585) 492-1111• phone

VENDOR MUST SHOW PROOF OF WORKERS COMPENSATION AND DISABILITY INSURANCE

Permit Valid From		To:	
Business Name			
Address			
City/State			
Phone			
Supervisor's Name			
License plate information for each vehicle being used by solicitor(s):	State: Plate #:		
Does applicant have statement from company authorizing him/her to act as their agent, or statement that applicant is acting solely on his/her own behalf:	[ ] act as businesses agent [ ] act on own behalf		
Has any similar license been approved/denied/revoked during the previous year?	[ ] Approved [ ] No [ ] Denied [ ] Revoked		
If so, please explain			
Type of articles or service			
Has applicant, or any other representative listed on back ever been arrested?	[ ] Yes [ ] No		
If yes, please provide the following:			
Who/Where arrested			
What arrested for			
Was person convicted			
Disposition of charges			
New York Sales Tax Number			
New York State Exempt Tax Number			
I hereby certify that all the information listed hereon is correct to the best of my knowledge. I also acknowledge that I have received, and will abide by, the following sections of the Village of Arcade Code; Section 40-7, 40-8, 40-9, 40-11, and that I have received a copy of this permit.			
Supervisor's Signature			
Permit fee	[ ] $25.00/day [ ] $100/week [ ] $250.00/year		

FOR OFFICE USE ONLY

[ ] COPIES OF DRIVER'S LICENSE ATTACHED

[ ] COPY OF VILLAGE LAW §40-7, 40-8, 40-9, 40-11 GIVENTO APPLICANT

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NAME	DOB	HOME ADDRESS	LOCAL ADDRESS	SEX	RACE	HT.	WT.	EYES	HAIR	ID SHOWN

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