

**VILLAGE OF WEEDSPORT**

**PEDDLER’S LICENSE APPLICATION**  
**(If approved, permits are good for 30 days and are not assignable)**

**APPLICATION REQUIREMENTS:**

*(No solicitation can occur until license is obtained. No license shall be granted except upon approval of the Weedsport Police Department. Expect at least a 72 hour waiting period.)*

- **NON-REFUNDABLE APPLICATION FEE OF \$50 PLUS \$10 EACH PERSON GOING DOOR TO DOOR, PAYABLE AT THE TIME OF APPLICATION**
- **COPY OF VALID DRIVER’S LICENSE FOR EACH PERSON [OR valid picture ID if no driver’s license]**
- **MUST SUBMIT PROOF OF INSURANCE, NAMING THE VILLAGE OF WEEDSPORT AS AN ADDITIONAL INSURED, FOR A MINIMUM SUM OF \$100,000 FOR PERSONAL INJURY AND PROPERTY TO COVER DAMAGES SUFFERED BY ANY PERSON AS A RESULT OF THE APPLICANT DOING BUSINESS IN THE VILLAGE OF WEEDSPORT.**
- **IF PEDDLING FOOD PRODCUTS, APPLICANT MUST SUBMIT VALID PERMIT FROM CAYUGA COUNTY HEALTH DEPARTMENT**
- **COMPLETED APPLICATION (All information requested is required)**

NOTE: The Village may conduct a criminal history of all individuals associated with the permit application. Any felony conviction record will preclude licensure. Any misdemeanor conviction may be a basis for denial at the option of the Village Board. The Village Police Department may fingerprint applicants and submit to Division of Criminal Justice Services for investigation at a cost to the applicant.

**COMPANY INFORMATION**

**COMPANY NAME AND ADDRESS** *(Company that you are employed by and are peddling on behalf of):*

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**SUPERVISOR’S NAME AND ADDRESS:**

*(Person in the company who is in charge of those peddling on the company’s behalf and his/her physical address)*

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**SUPERVISOR’S PHONE NUMBER:** \_\_\_\_\_

**DESCRIPTION OF GOODS, WARES OR MERCHANDISE BEING PEDDLED:**

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**NEW YORK STATE SALES TAX IDENTIFICATION NUMBER:** \_\_\_\_\_

**MAKE, MODEL YEAR AND COLOR OF VEHICLE TO BE USED:**

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**LICENSE PLATE NUMBER:** \_\_\_\_\_ **IN STATE OF:** \_\_\_\_\_

I certify that all of the statements made in this application are true to the best of my knowledge, information and belief. I further certify that I will notify the Village within 24 hours in writing if any change occurs in the information provided on this application. If this application is approved, I certify that all solicitors will abide by all the rules and regulations in the Village of Weedsport regarding peddling. I also certify that I am aware that the application fee will not be refunded if this application is denied for any reason.

APPLICANT’S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

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FOR CLERK’S USE: FEE \_\_\_\_\_ DATE PAID \_\_\_\_\_ LICENSE APPROVED Y or N DATE \_\_\_\_\_

**NUMBER OF PERSONS EMPLOYED TO SOLICIT WITHIN THE VILLAGE OF WEEDSPORT \_\_\_\_\_**

**EACH SOLICITOR'S INFORMATION (attach as many sheets as necessary):**

**SOLICITOR #1** ó NAME, HOME ADDRESS (street, city, state, zip code): \_\_\_\_\_

PERSONAL PHONE NUMBER: \_\_\_\_\_

AGE, HEIGHT, WEIGHT, COLOR OF EYES, COLOR OF HAIR:

EVER CONVICTED OF A FELONY: Y or N DATE AND WHERE: \_\_\_\_\_

A MISDEMEANOR: Y or N DATE AND WHERE: \_\_\_\_\_

**SOLICITOR #2** ó NAME, HOME ADDRESS (street, city, state, zip code): \_\_\_\_\_

PERSONAL PHONE NUMBER: \_\_\_\_\_

AGE, HEIGHT, WEIGHT, COLOR OF EYES, COLOR OF HAIR:

EVER CONVICTED OF A FELONY: Y or N DATE AND WHERE: \_\_\_\_\_

A MISDEMEANOR: Y or N DATE AND WHERE: \_\_\_\_\_

**SOLICITOR #3** ó NAME, HOME ADDRESS (street, city, state, zip code): \_\_\_\_\_

PERSONAL PHONE NUMBER: \_\_\_\_\_

AGE, HEIGHT, WEIGHT, COLOR OF EYES, COLOR OF HAIR:

EVER CONVICTED OF A FELONY: Y or N DATE AND WHERE: \_\_\_\_\_

A MISDEMEANOR: Y or N DATE AND WHERE: \_\_\_\_\_

**SOLICITOR #4** ó NAME, HOME ADDRESS (street, city, state, zip code): \_\_\_\_\_

PERSONAL PHONE NUMBER: \_\_\_\_\_

AGE, HEIGHT, WEIGHT, COLOR OF EYES, COLOR OF HAIR:

EVER CONVICTED OF A FELONY: Y or N DATE AND WHERE: \_\_\_\_\_

A MISDEMEANOR: Y or N DATE AND WHERE: \_\_\_\_\_

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**SOLICITOR #5** ó NAME, HOME ADDRESS (street, city, state, zip code): \_\_\_\_\_

PERSONAL PHONE NUMBER: \_\_\_\_\_

AGE, HEIGHT, WEIGHT, COLOR OF EYES, COLOR OF HAIR:

EVER CONVICTED OF A FELONY: Y or N DATE AND WHERE: \_\_\_\_\_

A MISDEMEANOR: Y or N DATE AND WHERE: \_\_\_\_\_

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**SOLICITOR #6** ó NAME, HOME ADDRESS (street, city, state, zip code): \_\_\_\_\_

PERSONAL PHONE NUMBER: \_\_\_\_\_

AGE, HEIGHT, WEIGHT, COLOR OF EYES, COLOR OF HAIR:

EVER CONVICTED OF A FELONY: Y or N DATE AND WHERE: \_\_\_\_\_

A MISDEMEANOR: Y or N DATE AND WHERE: \_\_\_\_\_

**ADDITIONAL SHEET**

**SOLICITOR #** \_\_\_\_ ó NAME, HOME ADDRESS (street, city, state, zip code): \_\_\_\_\_

PERSONAL PHONE NUMBER: \_\_\_\_\_

AGE, HEIGHT, WEIGHT, COLOR OF EYES, COLOR OF HAIR:

EVER CONVICTED OF A FELONY: Y or N DATE AND WHERE: \_\_\_\_\_

A MISDEMEANOR: Y or N DATE AND WHERE: \_\_\_\_\_

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**SOLICITOR #** \_\_\_\_ ó NAME, HOME ADDRESS (street, city, state, zip code): \_\_\_\_\_

PERSONAL PHONE NUMBER: \_\_\_\_\_

AGE, HEIGHT, WEIGHT, COLOR OF EYES, COLOR OF HAIR:

EVER CONVICTED OF A FELONY: Y or N DATE AND WHERE: \_\_\_\_\_

A MISDEMEANOR: Y or N DATE AND WHERE: \_\_\_\_\_

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**SOLICITOR #** \_\_\_\_ ó NAME, HOME ADDRESS (street, city, state, zip code): \_\_\_\_\_

PERSONAL PHONE NUMBER: \_\_\_\_\_

AGE, HEIGHT, WEIGHT, COLOR OF EYES, COLOR OF HAIR:

EVER CONVICTED OF A FELONY: Y or N DATE AND WHERE: \_\_\_\_\_

A MISDEMEANOR: Y or N DATE AND WHERE: \_\_\_\_\_