

CITY OF LOCKPORT, NEW YORK
APPLICATION FOR PEDDLER'S AND SOLICITOR'S LICENSE

EACH NATURAL PERSON EMPLOYED AS A VENDOR OR SOLICITOR IS REQUIRED TO APPLY FOR A LICENSE. Attach a copy of your current driver's license, and criminal record check from each municipality that you have resided for the past 10 years. Submit **TWO** 2"x2" photos taken within the past 30 days showing only head (uncovered), neck, and shoulders.

Application fee is \$35.00 **NON REFUNDABLE**

License issued hereunder will expire no later than December 31st in the year in which it is issued. License is revocable and is non-assignable. Attach credentials from person, firm or corporation for which you propose to do business, authorizing you to act as such representative.

Name: _____ Any other name you have been known: _____

Complete Address: _____ How Long at this address? _____

List ANY previous address (including out of state addresses): _____

_____ (use back of application if you need more space.)

Phone # _____ SSN: _____ Date of Birth _____

Are you self employed? yes no

Name and address of business or corporation: _____

Phone Number _____

Physical Description:

Sex: _____ Height: _____ Weight: _____ Complexion: _____ Hair Color: _____ Eye Color _____

Other Characteristics: _____

Brief Description of articles for sale or order: _____ Approx Price _____

partial payment? Yes _____ No _____ If yes, describe further: _____

How long do you intend to remain in the City for the purpose of engaging in such activity? _____

Has a similar license ever been revoked here or elsewhere? Yes _____ No _____

If yes: Date: _____ Place of revocation: _____

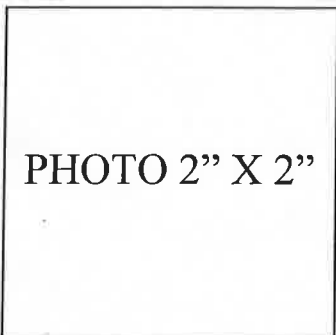
Reason for revocation: _____

Ever been convicted of any crime? Yes _____ No _____

If yes: Date: _____ Place of conviction: _____ Nature of offense _____

Penalty assessed: _____ Matter pending? Yes _____ No _____

I agree to the terms and conditions of this license. I solemnly swear that the above statements are true to the best of my knowledge.



Applicant's Signature: _____ Date: _____

Approved _____ Denied _____

City Clerk _____ date _____

Reason for denial _____