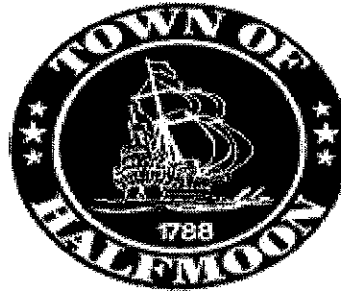


Town of Halfmoon  
2 Halfmoon Town Plaza  
Halfmoon, New York 12065  
Phone: 518-371-7410  
Fax: 518-357-8334



Application  
VENDOR, HAWKER, AND PEDDLER LICENSE

Please print or type

1. Name of Firm/Corporation \_\_\_\_\_  
Address of Firm/Corporation \_\_\_\_\_  
Phone Number \_\_\_\_\_  
Email Address \_\_\_\_\_
2. Kind of Goods, Wares, Merchandise to be sold or Service to be performed \_\_\_\_\_  
\_\_\_\_\_
3. Method of distribution \_\_\_\_\_
4. State in detail the particular business, trade or occupation for which the license is required \_\_\_\_\_  
\_\_\_\_\_
5. State the manner or means of conveyance in which the said business or trade shall be conducted \_\_\_\_\_  
\_\_\_\_\_
6. If all individuals will be traveling in one vehicle, we require the following information on that vehicle.  
If more than one vehicle will be used, please list information on separate sheet.  
Vehicle Registration No. \_\_\_\_\_ Vehicle License Plate No. \_\_\_\_\_  
Make of Vehicle \_\_\_\_\_ Color and Year of Vehicle \_\_\_\_\_
7. If you will be applying to operate in other municipalities, please list where \_\_\_\_\_
8. Length of time applicant desires license From \_\_\_\_\_ To \_\_\_\_\_
9. Will payment of deposit of money be demanded, accepted or received prior to final delivery \_\_\_\_Y/N\_\_\_\_  
If so, The Town of Halfmoon requires a \$1,000.00 Bond Deposit which is retained for 90 days after the  
Expiration of the license.

10. The name of the officer upon who process or other legal notice shall be served

\_\_\_\_\_

11. If a Partnership, the addresses of the persons composing the partnership

\_\_\_\_\_

I certify that all information and statements herein are true and correct to the best of my knowledge. I hereby agree to indemnify the Town of Halfmoon, Halfmoon, New York and hold it harmless from all loss, damage, or injury to Property or persons arising out of, or caused by or in any way connected with the operation of my business. Additionally, I understand that this license maybe cancelled at any time.

Applicant Signature\_\_\_\_\_ Date\_\_\_\_\_

Print name of Applicant\_\_\_\_\_

Applicant's Address\_\_\_\_\_ Phone #\_\_\_\_\_

**APPLICATION FEE: \$100.00 PLUS \$10.00 FOR EACH Solicitor Added to Permit. (Application Fee Is Non Refundable)**

**We Accept Cash, Check, or Credit Card (a \$1.75 Min. Charge or 2.45% Convenience Fee Imposed for Use of CC)**

Application Fee Received Y\_\_\_\_\_ N\_\_\_\_\_ Payment Method\_\_\_\_\_

**For Office Use**

Approval from Town Attorney\_\_\_\_\_ Date\_\_\_\_\_

Date Permit Issued\_\_\_\_\_

Date Permit Expires\_\_\_\_\_

\$1,000.00 Bond Deposit\_\_\_\_\_ Date\_\_\_\_\_

Retained for 90 Days after the expiration of license

## **What you need**

- Completed and signed application for each solicitor who will be operating pursuant to this permit.
- Two Color Copies of valid Driver's License for each solicitor.
- Color Copy of Vehicle Registration and Vehicle Insurance for each vehicle to be used.
- A valid Certificate of Insurance with minimum of \$2,0000,000 Coverage for Commercial General Liability General and minimum of \$1,000,000 coverage for Automobile Liability.

Dates of Certificate of Insurance **must** coincide with duration of permit.

Town of Halfmoon **must** be listed as Additional Insured.

- \$100.00 Application fee with an additional fee of \$10.00 for each solicitor added to the permit must be submitted with application. Please make checks made payable to: Town of Halfmoon
- Permits will be issued after review and approval of the Town Attorney.

**Please complete the following information sheet for each solicitor participating**

Name \_\_\_\_\_ Phone Number: \_\_\_\_\_

Home Address \_\_\_\_\_

Email \_\_\_\_\_

Driver's License No. \_\_\_\_\_

**If solicitor using own vehicle**

Vehicle Registration No. \_\_\_\_\_ Vehicle License Plate No. \_\_\_\_\_

Make of Vehicle \_\_\_\_\_ Color and Year of Vehicle \_\_\_\_\_

Have you ever been convicted of a crime, misdemeanor, or a municipal ordinance offense?

\_\_\_\_ No \_\_\_\_ Yes

If yes, please describe the nature of offense, the place where convicted, and punishment & penalty if any

\_\_\_\_\_

I certify that all information and statements herein are true and correct to the best of my knowledge.

Solicitor Signature \_\_\_\_\_ Date \_\_\_\_\_

Please complete the following information sheet for each solicitor participating

Name \_\_\_\_\_ Phone Number: \_\_\_\_\_

Home Address \_\_\_\_\_

Email \_\_\_\_\_

Driver's License No. \_\_\_\_\_

If solicitor using own vehicle

Vehicle Registration No. \_\_\_\_\_ Vehicle License Plate No. \_\_\_\_\_

Make of Vehicle \_\_\_\_\_ Color and Year of Vehicle \_\_\_\_\_

Have you ever been convicted of a crime, misdemeanor, or a municipal ordinance offense?

\_\_\_\_ No \_\_\_\_ Yes

If yes, please describe the nature of offense, the place where convicted, and punishment & penalty if any

\_\_\_\_\_

I certify that all information and statements herein are true and correct to the best of my knowledge.

Solicitor Signature \_\_\_\_\_ Date \_\_\_\_\_