



APPLICATION FOR VENDING PERMIT

VILLAGE OF CANASTOTA
205 S. PETERBORO STREET
CANASTOTA, NY 13032
(315) 697-7559

Name: _____

Company Name: _____

Address: _____

Phone Number: _____

Date of Birth: _____

Social Security Number: _____

Driver's License Number: _____ State: _____ Expiration: _____

Date(s) License Required: _____

Event (if applicable): _____

Nature of Business, Product to be sold and/or Service to be offered: _____

THE LICENSE FEE IS \$50.00 PER WEEK OR ANY PORTION THEREOF, PER PERSON. UPON RECEIPT OF THE COMPLETED APPLICATION, THE APPROPRIATE LICENSE FEE AND COPY OF A VALID DRIVER'S LICENSE, YOUR APPLICATION WILL BE REVIEWED AND, IF APPROVED, A VENDING PERMIT WILL BE FORWARDED TO THE APPLICANT. THE PERMIT SHOULD BE KEPT WITH THE APPLICANT AT ALL TIMES WHEN IN THE VILLAGE. BY SIGNING BELOW, THE APPLICANT STATES THAT THE ABOVE INFORMATION IS TRUE AND CORRECT AND UNDERSTANDS THAT THE VILLAGE OF CANASTOTA IS RELYING UPON SAME IN ISSUING THE REQUESTED PERMIT.

Signature of Applicant

Date