

**Town of Lyons**

**APPLICATION FOR PEDDLER AND / OR SOLICITOR LICENSE**

NAME OF APPLICANT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_ ANY ASSISTANTS: [ ] Yes [ ] No

IF YES, LIST NAME(S): \_\_\_\_\_

APPLICANT'S PHONE NUMBER: \_\_\_\_\_

NAME AND ADDRESS OF THE PERSON, FIRM OR CORPORATION BEING REPRESENTED:

\_\_\_\_\_  
\_\_\_\_\_

MAKE AND MODEL OF VEHICLE(S) TO BE USED BY APPLICANT:

\_\_\_\_\_  
\_\_\_\_\_

LICENSE PLATE NUMBER(S): \_\_\_\_\_

THE KIND OF GOODS, WARES AND MERCHANDISE TO BE SOLD OR SERVICES TO BE PERFORMED:

\_\_\_\_\_  
\_\_\_\_\_

METHOD OF DISTRIBUTION: \_\_\_\_\_

LENGTH OF TIME APPLICANT DESIRES A LICENSE: \_\_\_\_\_

LICENSE FEES:

10 days or less.....\$10.00 / day

>10 days up to 6 months.....\$100.00

>6 months up to 1 year.....\$160.00

SUBMIT THE FOLLOWING DOCUMENTATION

\* NYS sales tax ID #, Vendor Certificate, or  
Certificate of Authority

\* Certificate of Liability Insurance

APPLICANT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

\_\_\_\_\_  
Licensing Officer Signature

\_\_\_\_\_  
Date

[ ] Approved [ ] Disapproved