

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