



Office of the City Clerk

Date Filed:

License No:

City Hall, 38 Hawley Street, Binghamton, NY 13901 607-772-7005

PEDDLER LICENSE APPLICATION

The total fee for a Peddler License is \$300 per person, due upon submittal of the application and is non-refundable

Applicant Information

Name of Applicant: _____

Address: _____

Phone (Home/Work/Cell): _____

Date of Birth: _____ Age: _____

Name of Sponsoring Organization (if any): _____

Applicant intends to act as: Peddler Solicitor Both

Have you ever been convicted of a crime, misdemeanor or violation of an Ordinance within the City of Binghamton? Yes No

If the answer to the above question is 'Yes', please provide information regarding the nature of offense and penalty:

Business/ Product Information

Provide a description of the kinds of goods to be sold:

These goods are to be sold as: Retail Wholesale Both

If farmed goods are to be sold, will these be produced or grown by the Applicant? Yes No

Do you have an established place of business in the City of Binghamton? Yes No

If the answer to the above question is 'Yes', please provide the following information:

Address of Business: _____



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Describe the method of distribution you intend on using (if using vehicle, please describe):

Do you intend on buying or selling anything by weight or measure? Yes No

If the answer to the above question is 'Yes', please contact Broome County Weights & Measures at (607) 778-2196.

Do you or your employees intend on selling food, ice cream, fish, produce, beverages and other edible products? Yes No

If the answer to the above question is 'Yes', does a certificate or report from a physician for the Applicant and each employee intending to sell such product accompany this application? Yes No

Employee Information

Please note that one peddler license shall entitle the Applicant to employ a maximum of two persons to assist in the business for which the license is issued; but such employee shall so act only while accompanying a licensed peddler or solicitor and under his/her direct supervision.

Do you intend on retaining employees? Yes No

If the answer to the above question is 'Yes', please provide the following information for all persons to be employed in your business:

Name of Employee: _____

Address: _____

Phone (Home/Work/Cell): _____

Date of Birth: _____ Age: _____

Name of Employee: _____

Address: _____

Phone (Home/Work/Cell): _____

Date of Birth: _____ Age: _____



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Terms and Conditions

By submitting this application, I acknowledge that I have received a copy of § 307, *Peddling and Soliciting*, of the Code of the City of Binghamton, and do hereby agree to comply with the regulations set forth therein.

Applicant Signature

Date

Office Use Only

Police Department:

City of Binghamton Record Check Completed: _____

Signature: _____ Date: _____

City Clerk: Approved Denied

Signature: _____ Date: _____

Date Forwarded to Applicant: _____