	Date Filed:
٠	License No:

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

## TRANSIENT RETAIL MERCHANT PERMIT APPLICATION

Application must be submitted five (5) days in advance of sale event.

## **Applicant Information**

Name of Applicant:	
Address:	
Phone (Home/Work/Cell):	
Date of Birth:	Age:
Location of principle office and place of business:	
If Corporation, state laws under which Corporation is organized:	
Names and Addresses of all Principal Partners:	
Nature and location of business for the past five (5) years:	
New York State Sales Tax Identification Number:	
Certificate of Authority Identification:	
Sale Event Information	
Name of Sale Event:	
Date(s) of Sale Event:	
Location within the City of Binghamton :	
Description of Goods to be sold:	



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## **Terms and Conditions**

I do hereby acknowledge that I have received a copy of § 331, Article I, *Transient Retail Merchants*, of the Code of the City of Binghamton, and agree to comply with all regulations set forth therein.

I hereby authorize the Binghamton Police Department to perform a background check at the discretion of the City Clerk.

I hereby affirm that all information listed above is true to the best of my knowledge. I further understand that any misinformation given in this application, or failure to complete all sections, shall constitute sufficient cause for the denial of this application.						
Applicant Signature		Date				
Approval of Application						
City of Binghamton Criminal Records Check Completed:	Yes □ No □					
Signature:	D	ate:				
City Clerk:	Yes □ No □					
Signature:	D	ate:				