

Peddling and/or Soliciting Permit Application or Mobile Food Vendor Permit Application
In the Village of Hamilton

Permit is for: ☐ Peddling ☐ Soliciting ☐ Mobile Food Vendor

Name of Applicant: _____

Did you serve in the US Military? ☐ Yes ☐ No

Address: _____

Phone: _____

Email: _____

If Different from above, please Include:

Name of Business/Company (for Requested Permit): _____

Address: _____

Phone: _____

Email: _____

Nature of Business/Activity: _____

Please List Merchandise/Services for sale: _____

Has any license required for this business been denied or revoked? ☐ Yes ☐ No

If yes, explain: _____

Dates and length of time per day permit is requested:

Originating Address of merchandise or services (may or may not be company address):

Locations from which you request to Sell or Solicit within the Village of Hamilton:

Transportation methods of Solicitation (please list) : _____

If one or more Vehicles are used, please provide a copy of vehicle registration.

Plate # _____, VIN _____, State _____, Make _____,
Model _____, Color _____, and Year _____

Registered owner Name (If more than one, list all per vehicle registration):

Registered Owner Address: _____

Registered Owner Phone Number: _____

Registered Owner Email Address: _____

Attached to the Application (REQUIRED for Application to be considered complete)

☐ Color Photocopy of current Photo ID of the applicant [driver's license preferred], clearly showing the head and shoulders of the applicant and all other individuals who will be selling and/or soliciting under this permit.

☐ Color Photocopy of each vehicle's registration or a list of each vehicle's Plate #, VIN, State, Make, Model, Color, and Year

Additional requirements for Mobile Food Vendors:

☐ Madison County Health Department Food Service Permit

☐ Current NYS Sales Tax Certificate

☐ Certificates showing current workers' compensation insurance or a sworn statement that the Applicant is not required to carry such insurance under NYS law

☐ Certificate of General Liability Insurance evidencing coverage limits of not less than \$300,000 per occurrence and specifically naming the Village as an additional insured.

I, the undersigned, verify and affirm under penalty of perjury that all the supplied information is valid and true, and that I am the applicant petitioning for this permit to offer goods and services or Food Service as a Mobile Food Vendor in the Village of Hamilton.

Name (please print)

Signature*

Date :

State of _____

County of _____

Signed and sworn to (or affirmed) before me on

_____ by _____

** Signature must be notarized*

For Village Use : received by: _____ on _____

Application is ☐ Approved ☐ Rejected; Reason: _____

Fee Required: _____