TOWN OF LYNDON

PEDDLER AND SOLICITOR AND VENDOR APPLICATION

LOCAL LAW #2-2016

Date of Application _____

Name _____SS#_____
Street Address _____
City/Town, State, Zip _____
Telephone # _____
Driver's License # _____

Type of Articles or Services_____

Number & Type of Vehicles_____

Has any similar license been denied or revoked? _____

If so where, why? _____

_____

Felonies & Disposition: Has applicant, or any other representative, ever been convicted for a felony? _____. If so what were the charges and where were the charges? _____

_____

_____

Type of License Requested:

Door-to-Door ☐ $10.00
Dates Requested: _____ (One week only)

Seasonal ☐ $75.00
Dates Requested: _____ (Max: Eight months only)

A letter of authorization must be attached to this application from the firm which the applicant represents. (If representing a firm or company)

Applicant_____
Signature of Applicant

Submit In Person To: Lyndon Town Clerk Tuesdays 2-7pm
852 Lyndon Center Rd. Fridays 8am-12noon
Cuba, NY 14727

(Receipt to be completed by Town Clerk)

Permit fee of $_____ received on _____By_____
(Date) (Town Clerk)