

**Town of Clarence, New York
Peddlers, Hawkers & Solicitors License Application**

Name: _____ Date: _____

Address: _____

(Submit copy of Driver's License and Vehicle Registration)

Company: _____

Address: _____

Contact: _____ Contact Phone #: _____

Type of License:

_____ Individual _____ Vehicle _____ Property _____ Temporary Structure

Location of where business will be conducted: _____

Type of Business to be Conducted: (Include name of product or service)

I, hereby agree to and will abide by the rules and regulations set forth in the Code of the Town of Clarence, Chapter 147 – "Peddlers, Hawkers and Solicitors Ordinance"

Signature: _____ Date: _____

Town Use Only

Not Valid Sundays or Holidays

Fee: _____ Effective Date: _____ Expiration Date: _____

License No: _____ Town Clerk: _____ Date: _____