

FEE: \$500/yr.
 \$25/day
 # Days _____
 Total: _____
BOND: _____

VILLAGE OF SAUGERTIES
 43 Partition St. Saugerties, NY 12477
 Ph. (845)246-2321 Fax (845)246-0887

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VENDOR LICENSE APPLICATION

Pursuant to Village Law, all Vendors must be licensed annually by the Village of Saugerties.

Name of Applicant: _____

Home Address: Street _____ City/State/Zip _____ Phone _____

Business Address: Street _____ City/State/Zip _____ Phone _____

ID REQUIRED FOR ALL PARTICIPANTS: DRIVER'S LICENSE OTHER ID

Are you a self-employed vendor? Yes _____ No _____ Name of business _____

If not self-employed, by whom are you employed? _____

What merchandise do you intend to vend door to door in the Village of Saugerties? _____

What merchandise do you intend to vend from a vehicle in the Village of Saugerties? _____

How many Vehicles? _____ License Plate number(s) _____

Proposed location of vehicle (specific) _____

Has a Vendor's license - issued to you - ever been revoked or denied in the Village or elsewhere in the past five years?

Yes _____ No _____ If so, state where and when _____

Have you ever been arrested or convicted of any crime or misdemeanor? Yes _____ No _____

If so, state where and when and nature of crime: _____

State punishment or penalty, if pending or not disposed _____

Are you currently or have you ever been on parole or probation? Yes _____ No _____

If so, state when and where and by what agency: _____

Federal, State or County: _____

Have you ever been known by any other name other than the one given on this application? Yes _____ No _____

If so, state name _____

_____ being duly sworn, deposes and says that he/she is the person signing the application for a _____ vendor license and that the answers given to the above questions are true in all respects and particulars and are made for the purpose of obtaining the issuance of a _____ license. I hereby indemnify the Village of Saugerties and save it harmless from all loss, damage or injury to property of person, arising out of it, caused by or in any way connected with the operations of my vending business.

Sworn before me this ____ day of _____ 20

Signature of Applicant

Date

Commissioner of Deeds or Notary Public