

# **Notice to Hawker, Vendor and Peddler Applicants**

**Effective March 27, 2018 there were several changes to the Gloversville City Code regarding procedures for vendor permits. The changes are as follows:**

- Two photographs must be submitted with the application and background check forms; one will be displayed on the applicant's license, if approved and the other will be filed with the application. The photographs must be 2"x2" and taken within 60 days of submission.
- The application now requires a notarized applicant signature.
- Applicants must notify both the City's official newspaper and radio station after approval has been granted. You can submit a press release to the following email addresses which must include the business name and dates of soliciting:  
news@leaderherald.com  
wentnewsroom@hotmail.com
- The fee when submitting all your documentation will be \$45. Once the applications are approved you will then pay for the duration of the permit, based on the fee schedule. There has been no change in price to the fee schedule.

**Thank you,**

**Jenni Mazur  
Gloversville City Clerk**

# City of Gloversville

## Hawkers, Peddlers and Vendors

### Application and Permit

Chapter 202, City Code

#### A. Applicant

Applicant Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Applicant Daytime Phone: \_\_\_\_\_

SSN: \_\_\_\_\_ DOB: \_\_\_\_\_

Conviction Record – Offense/Date/Jurisdiction: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

#### B. Product Information

Product Description: \_\_\_\_\_

NYS Tax No.: \_\_\_\_\_ Federal Tax No.: \_\_\_\_\_

SS No.: \_\_\_\_\_ NYS Dept. of Health No.: \_\_\_\_\_

(for food vendors; photocopy of permit required)

NYS Dept. of Agriculture & Markets Permit No.: \_\_\_\_\_

(for frozen food vendors; photocopy of permit required)

#### C. Vehicles Used in Sales

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_

Driver's License No.: \_\_\_\_\_ Reg. No.: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy No.: \_\_\_\_\_

## D. Public Liability Insurance

Insurance Company: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Liability Policy Number: \_\_\_\_\_

A certificate of insurance, showing public/general aggregate of one million dollars (\$1,000,000.00) minimum, combined single limit for bodily injury and property damage of five hundred thousand dollars (\$500,000.00) and naming the City of Gloversville as an additionally insured, must be submitted before an application can be processed.

## E. Affirmation and Signature of Applicant

I \_\_\_\_\_ hereby affirm that all of the information contained herein and above to be truthful and accurate.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Applicant

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_ by \_\_\_\_\_ who is personally know to me or has produced appropriate identification.

\_\_\_\_\_  
Notary Public

## E. Approvals

Approved From: \_\_\_\_\_ Until: \_\_\_\_\_

Daily Hours From: \_\_\_\_\_ Until: \_\_\_\_\_

City Clerk: \_\_\_\_\_ Police Chief: \_\_\_\_\_  
(tax numbers, permits and insurance) (satisfactory background check)

## **F. Fees**

Enter dates being requested:

\$10 per day: \_\_\_\_\_ Amount: \_\_\_\_\_

\$25 per week: \_\_\_\_\_ Amount: \_\_\_\_\_

\$75 per month: \_\_\_\_\_ Amount: \_\_\_\_\_

\$200 per quarter: \_\_\_\_\_ Amount: \_\_\_\_\_

\$350 per six months: \_\_\_\_\_ Amount: \_\_\_\_\_

\$650 per year: \_\_\_\_\_ Amount: \_\_\_\_\_

\$10 per vehicle, per year: \_\_\_\_\_ Amount: \_\_\_\_\_

\$45 8-week Christmas Tree Sales Permit: \_\_\_\_\_ Amount: \_\_\_\_\_

Not-for-profit organizations exempt from all fees contained herein upon submission of proof of not-for-profit status. All other requirements must be met.

Provisions covered under Chapter 202, Peddling and Soliciting, of Gloversville City Code.

# Lexis/Nexis Background Check for Vendors Privacy Act Release

Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Last Two Address: 1. \_\_\_\_\_

\_\_\_\_\_

2. \_\_\_\_\_

\_\_\_\_\_

I \_\_\_\_\_ am requesting a background check for:  
(please print name)

- Vendor Services in the City of Gloversville
- Employment or College Admission
- Other (please list) \_\_\_\_\_

I acknowledge that I hereby knowingly and voluntarily waive any right to privacy I have under Federal and State Law. I do hereby authorize the Police Department of the City of Gloversville to release any and all information concerning my criminal record or history to the City of Gloversville Clerk.

I further agree to indemnify and hold said Police Department which provides the requested information, forever free and harmless with respect to any and all damages, claims and causes of actions resulting directly or indirectly from the providing of said information.

I voluntarily agree to cooperate and release from all liability the City of Gloversville, NY and all other persons and companies supplying such information.

I understand there is a non-refundable fee of \$25.00 cash or money order for this service.

PLEASE PROVIDE THE REQUESTED CRIMINAL CONVICTION RECORD TO THE FOLLOWING:

Gloversville Police Department  
3 Frontage Road  
Gloversville, NY 12078

Signature of Applicant: \_\_\_\_\_

Date of Signature: \_\_\_\_\_