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|  | CITY OF JOHNSTOWN  Office of the City Clerk  PO Box 160, 33-41 East Main Street  Johnstown, New York 12095  (518) 736-4011 | **- OFFICE USE ONLY -** |
| Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_ Receipt #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Permit #: \_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_ Fee Paid: \_\_\_\_\_\_\_\_\_\_\_\_  Insurance provided:  yes  no Deposit: yes no  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Deposit Refunded: \_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_ |

APPLICATION / PERMIT TO CONDUCT SALES

Applicant must complete application & provide all supporting documents prior to the date of event. Failure to provide this information will result in delay of approval and / or denial.

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| **REQUIRED TO PROCESS APPLICATION** | 1. | Applicable Fee – made payable to the City of Johnstown | | | | | | |  |
|  | **BUSINESS TYPE** | **DAY** | **WEEK** | **MONTH** | **QUARTER** | **6 MONTHS** | **YEAR** |  |
| Vendor – Includes Hawker, Huckster, Peddler, Solicitor and Transient Merchant | $10 | $25 | $75 | $150 | $350 | $650 |  |
| Auction | $10 | $25 | $75 | $150 | $350 | $650 |  |
| Christmas Tree Sales | 8 weeks - $45 | | | | | |  |
| Event Blanket Fee | 1 day - $50 | | | | | |  |
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| 2. | Events held on City property will be required to **pay a separate $100 Security Deposit**, made payable to the City of Johnstown, and must be submitted with the application. The organization and/or individual will assume the responsibility of all clean-up of the area within 24 hours of conclusion of activity. Deposit will be returned if, at the conclusion of activity, the area is left in the same condition as existed at the commencement of activity. | | | | | | | |
| 3. | Events held on City property will require proof of insurance, naming City of Johnstown as additional insured, with the following limits ( Chapter 11, Section 205(B) of the City of Johnstown Code of Ordinances**)**:   |  |  | | --- | --- | | Standard insurance requirements | If using the Bandshell / Park insurance requirements | | Bodily injury per person……………..$ 50,000.00  Bodily injury per occurrence……..…$100,000.00  Property damage……………………..$ 25,000.00 | Bodily Injury, per person……………$250,000.00 Bodily Injury, per occurrence………..$500,000.00  Property Damage………………….…$300,000.00 | | | | | | | | |
| I hereby acknowledge that I have read and understand Chapter 11; Articles I & II of the City Ordinance (located at the end of this application) and will conform to its requirements in all respects.  Dated: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Applicant Signature | | | | | | | | |

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| **APPLICANT INFORMATION** | Name: : | Phone: |
| Address State Zip | |
| * Have you ever been convicted of a crime? YES NO * Have you been refused a license or had a license revoked? YES NO When: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   Reason: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **BUSINESS INFORMATION** | Firm / Corporation: | Phone: |
| Contact Person | Phone: |
| Email: | |
| Address ` State Zip | |

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| **LICENSES** | * NYS Tax ID#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * Federal Tax ID#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * NYS Dept. of Ag & Markets Permit #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * NYS Health Dept. Permit #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * NYS Auctioneer’s License #: \_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **PERMIT** **INFORMATION** | * Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * Length of time license desired \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * Dates requested: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * Hours of Operation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * Merchandise  Food  Christmas trees  Other  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   Description: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   * Will there be alcohol? YES NO If yes, a Special Alcohol Permit must be completed. * Method of distribution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ When will goods be delivered: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * Where are goods shipped from? : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * Where are goods manufactured or grown? : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **VEHICLE INFORMATION USED TO CONDUCT BUSINESS** | Make: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Model: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Color: \_\_\_\_\_\_\_\_\_\_\_ Year: \_\_\_\_\_\_\_  Plate #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Driver’s License No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Insurance Company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Updated: 3/2024