



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

REQUIRED TO PROCESS APPLICATION

- Applicant must complete and provide all supporting documents **AT LEAST 30 DAYS** prior to the date of event. Failure to provide required information or adhere to timelines will result in a delay of approval and / or denial of your Permit.
- 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					
- 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.
- 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):

<u>Standard insurance requirements</u>	<u>If using the Bandshell / Park insurance requirements</u>
Bodily injury per person.....\$ 50,000.00	Bodily Injury, per person.....\$250,000.00
Bodily injury per occurrence.....\$100,000.00	Bodily Injury, per occurrence.....\$500,000.00
Property damage.....\$ 25,000.00	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

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: \_\_\_\_\_

<b>BUSINESS INFORMATION</b>	Firm / Corporation:	Phone:
	Contact Person	Phone:
	Email:	
	Address	State Zip

<b>LICENSES</b>	<ul style="list-style-type: none"> <li>NYS Tax ID#: _____</li> <li>Federal Tax ID#: _____</li> <li>NYS Dept. of Ag &amp; Markets Permit #: _____</li> </ul>	<ul style="list-style-type: none"> <li>NYS Health Dept. Permit #: _____</li> <li>NYS Auctioneer's License #: _____</li> </ul>
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<b>PERMIT INFORMATION</b>	<ul style="list-style-type: none"> <li>Location: _____</li> <li>Length of time license desired _____</li> <li>Dates requested: _____</li> <li>Hours of Operation: _____</li> <li>Merchandise <input type="checkbox"/> Food <input type="checkbox"/> Christmas trees <input type="checkbox"/> Other <input type="checkbox"/> _____</li> <li>Description: _____</li> <li>Will there be alcohol? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, a Special Alcohol Permit must be completed.</li> <li>Method of distribution: _____ When will goods be delivered: _____</li> <li>Where are goods shipped from? : _____</li> <li>Where are goods manufactured or grown? : _____</li> </ul>
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<b>VEHICLE INFORMATION USED TO CONDUCT BUSINESS</b>	Make: _____ Model: _____ Color: _____ Year: _____
	Plate #: _____
	Driver's License No.: _____
	Insurance Company: _____

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## POLICE USE ONLY - Do Not Write Below This Line

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I have reviewed this application for a Permit to Conduct Sales and I \_\_\_\_\_ of the City of Johnstown Police Department hereby:

☐ Objects to the issuance of this Permit \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Signature

☐ Approves to the issuance of this Permit \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Signature

Updated: 6/2024