



CITY OF JOHNSTOWN

APPLICATION FOR VENDOR'S PERMIT

HAWKER / PEDDLER, SOLICITOR, HUCKSTER, TRANSIENT MERCHANT

BUSINESS	DAY	WEEK	MONTH	QUARTER	6 MONTHS	YEAR
HAWKER / PEDDLER – goes house to house or business to business or sells from vehicle or public place (except milk, newspapers or periodicals).	\$10	\$25	\$75		\$350	\$650
SOLICITOR – goes house to house or business to business, or stands in public place to take orders for anything (except milk newspapers or periodicals) for future delivery.	\$10	\$25	\$75		\$350	\$650
HAWKER / PEDDLER / SOLICITOR - using a motorized vehicle or motorized vehicle with a trailer (ex. ice cream truck).	\$25	\$50	\$150			
HUCKSTER – Selling in street, alley, sidewalk or other public place / park from booth, stand, building or shed. *blanket fee of \$50 covering all vendors for civic / not-for-profit event	\$10	\$25	\$75	\$200		
TRANSIENT MERCHANT – established business temporarily selling & delivering any goods (except milk, newspapers or periodicals) from a fixed location.	General	\$15	\$75	\$250		
	Food	\$15			\$150	\$450
	Christmas trees		8 weeks - \$45			

APPLICANT INFORMATION

Name: _____ Phone: () _____

Address: _____, _____

Date of Birth: ___/___/___ SS#: _____-_____-_____

Have you ever been convicted of a crime? YES / NO Explain: _____

Refused a license or had a license revoked? YES / NO When: _____

FIRM / CORPORATION APPLICANT REPRESENTS

Name: _____ Phone: () _____

Address: _____, _____

Provide any and all applicable permit/ID#s

NYS Tax ID#: _____ Federal Tax ID#: _____

NYS Dept. of Ag & Markets Permit #: _____ NYS Health Dept. Permit #: _____

VEHICLE INFORMATION (Hawker, Peddler, Solicitor)

Make: _____ Model: _____ Plate #: _____

Driver's License No.: _____ Insurance Company: _____

LICENSE INFORMATION

- Length of time license desired _____ Dates requested: _____ Hours of Operation: _____
- Items vending: __ Merchandise __ Food __ Christmas trees Is a deposit required? YES / NO How much? _____
- Kinds of goods, wares or merchandise to be sold or kind of service provided: _____
- Method of distribution: _____ When will goods be delivered: _____
- Name of place from which goods are shipped: _____
- Name of place where goods are manufactured or grown: _____
- Location of operation: _____

According to Chapter 11 of the City of Johnstown Code of Ordinances:

1. No person conducting business covered under this section, in the streets, alleys, sidewalks, public park or other public places in the city shall be issued a license hereunder until such person shall have furnished to the city and filed with the city clerk, a liability policy of insurance, on which policy such person shall be named assured, with an endorsement naming the city as additional insured and having the following policy limits:

Bodily injury per person.....\$ 50,000.00
 Bodily injury per occurrence.....\$100,000.00
 Property damage.....\$ 25,000.00

2. A certified check or cash in the amount of one hundred dollars (\$100.00) shall be required to be posted and filed as and for a security deposit in addition to said insurance policy and not in lieu thereof, to ensure the payment of the cost and expense of the clean-up and/or repair to the streets, alleys, sidewalks, public parks or other public place. The said sum of money shall be refunded at the conclusion of the activity for which the license was obtained, provided that the public premises upon which the licensed activity was conducted is, at the conclusion of such activity left in the same condition as it existed at the commencement of such activity.

I hereby acknowledge that I have read and understand the City Ordinance regulating Hawkers, Hucksters, Peddlers, Solicitors, and Transient Merchants and will conform to its requirements in all respects.

Dated: ____/____/____

Applicant Signature

OFFICE USE ONLY – Do not write below this line

LICENSE #: _____

Insurance provided: YES / NO

FEE PAID: \$ _____

Consent of property owner: YES / NO

DEPOSIT PAID: YES / NO

DEPOSIT REFUNDED: ____/____/____

Clerk’s Office Initial: _____

Date: ____/____/____

Signed: _____

Renewals:

Date: ____/____/____ License #: _____

Clerk’s Office Initial: _____

Date: ____/____/____ License #: _____

Clerk’s Office Initial: _____