



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: <input type="checkbox"/> yes <input type="checkbox"/> no	Deposit: <input type="checkbox"/> yes <input type="checkbox"/> 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.

REQUIRED TO PROCESS APPLICATION	1. Applicable Fee – made payable to the City of Johnstown																																			
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 45%;">BUSINESS TYPE</th> <th style="width: 10%;">DAY</th> <th style="width: 10%;">WEEK</th> <th style="width: 10%;">MONTH</th> <th style="width: 10%;">QUARTER</th> <th style="width: 10%;">6 MONTHS</th> <th style="width: 10%;">YEAR</th> </tr> </thead> <tbody> <tr> <td>Vendor – Includes Hawker, Huckster, Peddler, Solicitor and Transient Merchant</td> <td style="text-align: center;">\$10</td> <td style="text-align: center;">\$25</td> <td style="text-align: center;">\$75</td> <td style="text-align: center;">\$150</td> <td style="text-align: center;">\$350</td> <td style="text-align: center;">\$650</td> </tr> <tr> <td>Auction</td> <td style="text-align: center;">\$10</td> <td style="text-align: center;">\$25</td> <td style="text-align: center;">\$75</td> <td style="text-align: center;">\$150</td> <td style="text-align: center;">\$350</td> <td style="text-align: center;">\$650</td> </tr> <tr> <td>Christmas Tree Sales</td> <td colspan="6" style="text-align: center;">8 weeks - \$45</td> </tr> <tr> <td>Event Blanket Fee</td> <td colspan="6" style="text-align: center;">1 day - \$50</td> </tr> </tbody> </table>	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):																																			
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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 _____
	<ul style="list-style-type: none"> Have you ever been convicted of a crime? <input type="checkbox"/> YES <input type="checkbox"/> NO Have you been refused a license or had a license revoked? <input type="checkbox"/> YES <input type="checkbox"/> NO When: _____ Reason: _____	

BUSINESS INFORMATION	Firm / Corporation: _____	Phone: _____
	Contact Person _____	Phone: _____
	Email: _____	
	Address _____	State _____ Zip _____

LICENSES	<ul style="list-style-type: none"> • NYS Tax ID#: _____ • Federal Tax ID#: _____ • NYS Dept. of Ag & Markets Permit #: _____ 	<ul style="list-style-type: none"> • NYS Health Dept. Permit #: _____ • NYS Auctioneer's License #: _____
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PERMIT INFORMATION	<ul style="list-style-type: none"> • Location: _____ • Length of time license desired _____ • Dates requested: _____ • Hours of Operation: _____ • Merchandise <input type="checkbox"/> Food <input type="checkbox"/> Christmas trees <input type="checkbox"/> Other <input type="checkbox"/> _____ • Description: _____ • 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: 1/2023