

Issue Date (OFFICE US ONLY) : \_\_\_\_\_

**VILLAGE OF SKANEATELES  
REGISTRATION FOR PEDDLERS, VENDORS AND SOLICITORS**

**Instructions:** Please print all responses. Answer all questions completely. Do not leave any question unanswered. Falsification of any answers in this registration form constitutes a crime.

This registration is made pursuant to the provisions of Chapter 149 of the Code of the Village of Skaneateles.

**I. Personal Information.**

Name of Registrant: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

Permanent Telephone No.: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Physical Description: Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Age: \_\_\_\_\_  
Hair Color: \_\_\_\_\_ Sex: \_\_\_\_\_

Make of Vehicle: \_\_\_\_\_ Model: \_\_\_\_\_ Color: \_\_\_\_\_  
Year: \_\_\_\_\_ License Plate No.: \_\_\_\_\_ State: \_\_\_\_\_

**II. Business/Organization Information**

Are you associated or affiliated with any business, company, religious, not-for-profit or other organization for the purpose of conducting your business activity in the Village of Skaneateles, New York?  Yes  No

If the answer is yes, please answer the following questions:

Name of business or organization: \_\_\_\_\_

Address: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Officer or Representative to whom you report:

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Type of business or organization: \_\_\_\_\_

Your position with the company or organization: \_\_\_\_\_

Your duties and responsibilities: \_\_\_\_\_

**III. Information**

Describe the nature of the sales, service or other activity to be performed in Skaneateles:  
\_\_\_\_\_

Length of time you anticipate conducting business or activity: \_\_\_\_\_  
Starting Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_

If a customer or resident should have questions or complaints concerning your activity, product or service, please provide the name of an individual or organization they can contact for assistance:

Name: \_\_\_\_\_ Position: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone No.: \_\_\_\_\_

**IV. Information regarding mobile vending application**

Provide proof of Onondaga County Health Department compliance

Permit No.: \_\_\_\_\_ Date Issued: \_\_\_\_\_

Provide four photographs of mobile vending vehicle

Provide certificate of liability and motor vehicle insurance coverage:

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

Provide a description of the goods or merchandise to be sold:  
\_\_\_\_\_

**Please note: Mobile vending vehicles are not permitted to operate within the Downtown "D" District of the Village of Skaneateles or within any Village Park or within 200 feet of any park or school.**

**V. References**

Please list the name and address and phone number of your two most recent employers and the dates worked for each:

1. \_\_\_\_\_

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

Please list two character references:

1. Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone No.: \_\_\_\_\_

2. Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone No.: \_\_\_\_\_

The Village of Skaneateles, New York, reserves the right to check any and all references or previous work experiences.

I certify that I have personally answered all of the questions contained herein and that the information provided by me is true, accurate and complete to the best of my knowledge.

Date: \_\_\_\_\_

\_\_\_\_\_  
(Registrant)

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**THIS FORM MUST BE FILED WITH THE  
VILLAGE OF SKANEATELES POLICE DEPARTMENT**

The Registration for Peddlers, Vendors and Solicitors form was filed with the Village of Skaneateles Police Department on \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Signature

Expiration Date: \_\_\_\_\_

\_\_\_\_\_  
Title

*A copy of this portion of the form will be provided to the applicant upon completion of the registration process. Carry this portion of the form with you as proof of your proper registration.*

