

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 on 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 Phone #: (_____) _____ - _____

Date of Birth: _____

Physical Description: Height: _____ Weight: _____ Age: _____

Hair Color: _____

Make of Vehicle: _____ Model: _____ Color: _____

Year: _____ License Plate: _____ 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: _____

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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:

Start Date: _____ End 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 (4) photographs of mobile vending vehicle.

Provide certificate of liability and motor vehicle insurance coverages:

Insurance co.: _____ 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.

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V. References

Please list the names, 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: _____ Phone No.: _____
Address: _____
2. Name: _____ Phone No.: _____
Address: _____

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

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: _____ Signature: _____

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

This registration for Peddlers, Vendors and Solicitors form was filed with the Village of Skaneateles Police Department on _____, 20_____.

Issued Date: _____ Signature: _____
Expiration Date: _____ Title: _____

A copy of this 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.