

**VILLAGE OF SKANEATELES**  
**APPLICATION FOR PEDDLER'S, VENDOR'S AND SOLICITOR'S LICENSE**

**Instructions:** Please print all responses. Answer all questions completely. Do not leave any question unanswered. Incomplete or unanswered questions will result in a denial of the license application. Falsification of any answers in this application will result in the revocation of the license, forfeiture of any fees, and other penalties.

This application for a peddler's and vendor's license is made pursuant to the provisions of Local Law #5 of 2002 of the Village of Skaneateles.

**I. Personal Information.**

Name of Applicant: \_\_\_\_\_

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

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

Date of Birth: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

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. License Information**

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

Type of license sought: \_\_\_\_\_

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.**

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. A peddler's, vendor's and solicitor's license shall not be issued until such time as the applicant's background has been checked.

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.

\_\_\_\_\_  
(Applicant)

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

\_\_\_\_\_  
(Applicant's Business Name)

The license application is \_\_\_\_ Approved \_\_\_\_ Disapproved

**VILLAGE OF SKANEATELES**

By: \_\_\_\_\_  
Village Clerk

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

License Fee Paid: \$ \_\_\_\_\_ (License Fee: \$50.00)