

**Village of Macedon  
81 Main Street  
Macedon, NY 14502**

**Application for a Vendors or Solicitors Permit**

1. Name of Applicant: \_\_\_\_\_

2. Address of applicant: (street) \_\_\_\_\_

(Town) \_\_\_\_\_, (State) \_\_\_\_\_, (Zip Code) \_\_\_\_\_

3. Business Address: (street) \_\_\_\_\_

(Town) \_\_\_\_\_, (State) \_\_\_\_\_, (Zip Code) \_\_\_\_\_

4. Telephone: (home) \_\_\_\_\_, Work \_\_\_\_\_

4. Vendor Name: \_\_\_\_\_

5. Description of Articles or Services for Sale: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

6. Method of Distribution: (stand, door to door, etc.) \_\_\_\_\_

\_\_\_\_\_

7. Period of Operation: (dates, days, hours, etc.) \_\_\_\_\_

\_\_\_\_\_

8. Proposed Location of Operation: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

9. Number of People involved in the operation including names:

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10. Make, Model and, License Number of vehicles used in the Operation:

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11. Attach Proof of the following documents:

- A. New York State Tax Identification Number
- B. New York State Health Dept., for food vendor
- C. Compliance with New York State requirements for Workers Compensation and Disability Benefits (see attached documents)
- D. Liability Insurance
- E. Letter of Authorization to represent a Firm or Company

I, (We) have received and are familiar with Section 17- Peddlers and Solicitors Ordinance of the Village of Macedon and agree to abide by all regulations and rules contained therein:

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Applicant's Signature

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Date