

CITY OF ONEIDA SOLICITOR/PEDDLER PERMIT APPLICATION

109 N. Main Street, Oneida, NY 13421

DATE: _____

COMPANY/INDIVIDUAL NAME: _____

ADDRESS: _____

PHONE NO.: _____

APPLICANT NAME: _____

ADDITIONAL SALESPeOPLE: Photo ID required for ALL applicants.

(1) NAME: _____

ADDRESS: _____

(2) NAME: _____

ADDRESS: _____

(3) NAME: _____

ADDRESS: _____

PURPOSE OF LICENSE: _____

TYPE OF GOODS SOLD: _____

METHOD OF DELIVERY: _____

FEES: ☐ Daily (\$25) ☐ Weekly (\$75) ☐ Monthly (\$125)

☐ 6 Months (\$300) ☐ 1-Year (\$600)

DMV VEHICLE REGISTRATION AND PHOTO (if applicable): _____

I do hereby certify by signing this form that I have received a copy of Local Law No. 3 of 2011 and do hereby certify that I will abide by the regulations of said Local Law No. 3 of 2011 and do further consent for the Oneida Police Department to conduct a local background check on all individuals identified in this license as being associated with this application.

SIGNATURE: _____ TITLE: _____

PRINT NAME: _____ DATE: _____

CITY CLERK/DEPUTY APPROVAL: _____ DATE: _____ LICENSE #: _____

POLICE DEPARTMENT APPROVAL: _____ DATE: _____