

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): _____

By signing this form, I certify that I have received and reviewed the applicable rules and regulations governing this license and agree to comply with all applicable federal, state, and local laws, ordinances, and regulations. I also authorize the Oneida Police Department to conduct a local background check on all individuals identified in this application as being associated with the license application.

SIGNATURE: _____ **TITLE:** _____

PRINT NAME: _____ **DATE:** _____

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

POLICE DEPARTMENT APPROVAL: _____ **DATE:** _____