



Application for Peddlers, Hawkers, and Solicitors Permit

Town of Clarence, New York

Date: _____

Received by: _____

Fee: _____

Applicant Name: _____ Phone: _____

Applicant Address: _____

Applicant E-Mail Address: _____

Business Name: _____ Phone: _____

Business Address: _____

Contact E-Mail Address: _____

Location of where business will be conducted: _____

Type of business: _____

Peddlers, Hawkers & Solicitors requirements:

Initial

Copy of Applicant's Valid Photo Identification (i.e., Driver's License, State issued ID) _____

Permit shall be provided upon demand of resident or Town official _____

Permit is only valid for 90 days: _____

Hours allowed to Peddle, Solicit, or Hawk shall be 9am-9pm Monday thru Saturday (excluding Sundays and Holidays) _____

Additional Conditions: _____

Signature of Applicant

*** I, hereby agree to and will abide by the rules set forth in the Code of the Town of Clarence, Chapter 147- "Peddling & Soliciting". I have read and agree with the terms and conditions as outlined within this Peddlers, Hawkers, and Solicitors permit application.**

Town Use Only:

Action: _____ By: _____ Date: _____

Receipt is hereby acknowledged in the sum of \$_____ being the permit fee established by the Town Board of the Town of Clarence and which permit is issued subject to the terms and conditions contained in the application and specifications therewith.

Date Issued: _____

Expiration Date: _____

Method of Payment: _____

Permit #: _____

Copy to applicant on ____/____/____ (via-circle one) E-mail / In Person by: _____