Office of Planning and Zoning 716-741-8933
Office of Town Clerk 716-741-8930

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: _____

Business 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 expires 90 days from date of issuance	_____
Hours allowed to Peddle, Hawk, or Solicit, shall be 9am-9pm Monday thru Saturday (excluding Sundays and Holidays)	_____
Five (5) business day waiting period ends on: _____	_____

_____

Signature of Applicant

Town Clerk Use Only:

Action: _____ By: _____ Date Issued: _____

Method of Payment: _____ Permit #: _____

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.

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