

APPLICATION FOR HAWKERS, PEDDLERS AND SOLICITORS LICENSE FOR THE TOWN OF SCHROON, ESSEX COUNTY, NEW YORK 1. Applicants

Name \_\_\_\_\_ 2. Date of Birth:

\_\_\_\_\_ 3. Home Address:

\_\_\_\_\_ 3A. Please Attach

Name, Ages, Home Address of persons working for applicant: \_\_\_\_\_ 3B Proof of

Workman's Comp and NY Disability Insurance \_\_\_\_\_ 4.

Address and Telephone Number of Firm you represent:

\_\_\_\_\_ 5. Self-employed: (Yes) (No) Name:

\_\_\_\_\_ 5a. County and State where

certificate of doing business filed: \_\_\_\_\_ 6.

Partnership: (Yes) (No) Name: \_\_\_\_\_

6a. County and State where Partnership certificate filed:

\_\_\_\_\_ 7. Corporation: (Yes) (No) Name:

\_\_\_\_\_ 7a. State where Certificate of

Incorporation filed: \_\_\_\_\_ 7b.

Immediate Supervisor's name:

\_\_\_\_\_ 8. Have you been

refused a license within the past 12 months by any municipality? (Yes) (No) 8a. If yes, the name and

address of such municipality: \_\_\_\_\_ 9. Has

any municipality revoked your license within the past 12 months? (Yes) (No) 10. If yes, the name and

address of such municipality: \_\_\_\_\_ 11. Is

applicant a non-resident of Essex County, New York? (Yes) (No) 12. If a non-resident, you must procure a

surety bond from a New York State insurance company in the sum of \$1000.00 naming the Town of

Schroon. 13. Does applicant represent anyone whose principal place of business is outside the State of

New York (Yes) (No) 14. If so, you must obtain a surety bond from a New York State insurance company

in the sum of \$1000.00 naming the Town of Schroon. 15. If a surety bond is given, insert the name and

address of the agent issuing the bond and the name of the insurance company, and policy number:

Name and Address of Agent:: \_\_\_\_\_

16. Description of merchandise, wares or goods to be sold or offered for sale or orders taken for and

services to be performed:

\_\_\_\_\_ 17. Description of articles or items to be made gift or handout by

applicant: \_\_\_\_\_ 18. License plate number and state of

registration of principal vehicle to be used by applicant: \_\_\_\_\_ 19. ALL TRANSIENT

MERCHANTS: A. The MERCHANT hereby agrees to effectuate the naming of the municipality as an

unrestrictive additional insured on the user's policy. B. The policy naming the municipality as an

additional insured shall: be an insurance policy from an A. M. Best rated "secured" New York State

licensed insurer; contain a 30 day notice of cancellation; state that the organization's coverage shall be

primary coverage for the Municipality, its Board, employees and volunteers; and additional insured shall

be provided with ISO endorsement CG2026 or its equivalent. C. The merchant agrees to indemnify the municipality for any applicable deductibles. D. Enclose a copy of the endorsement providing additional insured status. E. Required Insurance: Commercial General Liability Insurance. \$1,000,000 per occurrence / \$2,000,000 aggregate. F. Merchant acknowledges that failure to obtain such insurance on behalf of the municipality constitutes a material breach of contract and subjects it to liability for damages, indemnification and all other legal remedies available to the municipality. The user is to provide the municipality with a certificate of insurance, evidencing the above requirements have been met. The failure of the municipality to object to the contents of the certificate or the absence of it shall not be deemed a waiver of any and all rights held by the municipality. N.Y.S. SALES TAX AUTHORIZATION

NUMBER: \_\_\_\_\_ YOU ARE REQUIRED TO NOTIFY THIS OFFICE IMMEDIATELY OF ANY CHANGE (S) IN THE INFORMATION SUPPLIED BY YOU ON THIS APPLICATION.

NOTE: False statements made herein are punishable by a Class A misdemeanor pursuant to Section 210.45 of the Penal Law. Name (signature) \_\_\_\_\_ Title and

Business \_\_\_\_\_ Sworn to before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_. \_\_\_\_\_ Notary Public LICENSE FEE RATE: \$25.00 ONE DAY \$50.00 WEEK \$100.00 – SIX MONTHS LICENSE NOT ASSIGNABLE OR TRANSFERABLE