

Village of Alfred

Peddler/Vendor License Application

Applicant's Name	_____		
Driver's License #	_____	Expir.	_____
Date of Birth	_____		
Address	_____ _____		
Phone #	_____		
Company Name (if applicable)	_____		
Company Address	_____ _____		
Date(s) License is Required	_____	To	_____
Days/Hours of Operation	_____	To	_____
	_____		_____
Location of Vending Stand:	Street Address:	_____	
	Placement of Stand:	_____	
Dimensions of Stand:	_____		
	<input type="checkbox"/> Written permission of property owner behind stand		
	<input type="checkbox"/> Written permission of restaurant or food business within 100 feet (Food Sales Only)		
Description of Vehicle to be Used:	_____		
Description of Food/Wares/Service:	_____ _____		
	<input type="checkbox"/> Valid Health Department License (Food Sales Only)		
	<input type="checkbox"/> Certificate from Sealer of Weights & Measures		

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Have you been convicted in any jurisdiction of any crime, other than minor traffic violations; if so, what crime, where and when:

Other Information

CERTIFICATION

I hereby certify that to the best of my knowledge all the foregoing information is true and correct and I understand that submission of this application does not obligate the Village of Alfred in any way as to issuance of license applied for except as provided for in the Village Local Law.

I authorize investigation of all statements contained in this application for a license as may be necessary in arriving at a decision for granting such license.

I agree to indemnify and hold harmless the Village of Alfred, and its agents and employees, for any and all injuries caused or sustained by me or my agents or employees while carrying on the business for which the attached Vendor License is desired.

I further state that I will refrain from selling my product(s) in the Village of Alfred until I have received official notification from the Village Clerk's Office regarding this application's status.

Signature: _____ Date: _____

Sworn to before me this ____ day of _____, 20__

Notary Public _____