

**CITY OF AMSTERDAM**  
**APPLICATION FOR PEDDLER/SOLICITOR**

DATE OF APPLICATION: \_\_\_\_\_ PERMIT EXPIRATION DATE: \_\_\_\_/31/20\_\_\_\_

EMPLOYEE NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

LOCAL ADDRESS OF APPLICANT: \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_

COMPANY ADDRESS: \_\_\_\_\_

DESCRIPTION OF BUSINESS: \_\_\_\_\_

EMPLOYER'S TELEPHONE # \_\_\_\_\_ FAX # \_\_\_\_\_

DESCRIPTION OF GOODS TO BE SOLD: \_\_\_\_\_

\_\_\_\_\_

NYS TAX NO. \_\_\_\_\_

FEDERAL TAX NO. \_\_\_\_\_

YEAR, MAKE & MODEL OF VEHICLE(S) USED IN SALES \_\_\_\_\_

LICENSE PLATE & STATE OF VEHICLE(S): \_\_\_\_\_

VEHICLE INSURANCE COMPANY \_\_\_\_\_

POLICY # AND EXPIRATION DATE: \_\_\_\_\_

**(PLEASE PROVIDE A COPY OF INSURANCE CARD FOR VEHICLE USED IN SALES)**

PUBLIC LIABILITY INSURANCE COMPANY: \_\_\_\_\_

Applicant shall file with the City Clerk a surety bond in the sum of \$5,000 per corporation plus \$1,000 each individual peddler

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**HAS APPLICANT BEEN CONVICTED OF ANY CRIMES: (IF YES, PROVIDE DATES & TYPES, CONTINUE ON BACK If NECESSARY)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DOES APPLICANT HAVE ANY OUTSTANDING ARREST WARRANTS: (IF YES PLEASE EXPLAIN)**

\_\_\_\_\_  
\_\_\_\_\_

**NAME AND ADDRESS OF THREE LOCAL PROPERTY OWNERS FOR REFERENCE:**  
*(MUST BE PROPERTY OWNERS WITHIN THE CITY OF AMSTERDAM ONLY. NO OTHER REFERENCES WILL BE ACCEPTED)*

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**(IF INDIVIDUAL IS AN EMPLOYEE OF A COMPANY, THE COMPANY MUST COMPLETE AN APPLICATION AS WELL AS EACH EMPLOYEE)**

**SIGNATURE OF APPLICANT:** \_\_\_\_\_  
**WITNESS:** \_\_\_\_\_ **DATE:** \_\_\_\_\_  
**(CITY CLERK'S STAFF ONLY)**

**CHECK LIST (FOR USE BY CITY CLERK'S OFFICE ONLY)**

**COPY OF DRIVERS LICENSE:** \_\_\_\_\_ **STATEMENT OF PHYSICIAN:** \_\_\_\_\_  
**BOND SUBMITTED:** \_\_\_\_\_ **PHOTOGRAPHS SUBMITTED (2)** \_\_\_\_\_  
**PROOF OF PUBLIC KNOWLEDGE:** \_\_\_\_\_ **no less than five days prior to start of solicitation)**  
**DO NOT SOLICIT LIST PROVIDED TO APPLICANT:** \_\_\_\_\_  
**APPLICATION FEE PAID: \$10.00** **DATE PAID:** \_\_\_\_\_ **LICENSE FEE PAID:** \_\_\_\_\_ **DATE PAID:** \_\_\_\_\_  
**RECEIPT OF TAGS AND DO NOT SOLICIT LIST:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**CHIEF OF POLICE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_  
**APPROVED:** \_\_\_\_\_ **DISAPPROVED:** \_\_\_\_\_  
**CITY CLERK:** \_\_\_\_\_ **DATE:** \_\_\_\_\_  
**APPROVED:** \_\_\_\_\_ **DISAPPROVED:** \_\_\_\_\_

**DOOR-TO DOOR SOLICITATION: 10:00 AM – SUNSET MONDAY THROUGH FRIDAY ONLY.**

**BACKGROUND CHECK FOR VENDORS  
PRIVACY ACT RELEASE**

**Name:** \_\_\_\_\_

**DOB:** \_\_\_\_\_

**Social Security #** \_\_\_\_\_

**Telephone #** \_\_\_\_\_

**Last Two Addresses: 1.** \_\_\_\_\_

\_\_\_\_\_

**2.** \_\_\_\_\_

\_\_\_\_\_

I \_\_\_\_\_ am authorizing a background check in order to obtain a  
(print name)  
vendor license in the City of Amsterdam.

I acknowledge that I hereby knowingly and voluntarily waive any right to privacy I have under Federal and State Law. I do hereby authorize the City of Amsterdam Police Department to release any and all information concerning my criminal record or history to the City of Amsterdam City Clerk.

I further agree to indemnify and hold said Police Department which provides the requested information, forever free and harmless with respect to any and all damages, claims and causes of actions resulting directly or indirectly from the providing of said information.

I voluntarily agree to cooperate and release from all liability for City of Amsterdam and all other persons and companies supplying such information.

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Witness:** \_\_\_\_\_

**City Clerk Staff only**