

CITY OF NIAGARA FALLS  
VENDOR/PEDDLER LICENSE APPLICATION

Date Stamp Here

DATE \_\_\_\_\_ TYPE OF LICENSE \_\_\_\_\_

DURATION	VENDOR	PEDDLER (MOVE EVRY 20 MIN)	
	VEHICLE/STAND	FOOT	VEHICLE/STAND
ANNUAL	250.00	75.00	250.00
ONE DAY	25.00	25.00	25.00

**PRIMARY**

NAME \_\_\_\_\_

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

PERMANENT BUSINESS ADDRESS \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_

DRIVER'S LICENSE NUMBER \_\_\_\_\_

**\*\*PLEASE LIST ASSISTANT(S) INFORMATION ON SUPPLEMENTAL FORM\*\***

DESCRIPTION OF ITEMS FOR SALE \_\_\_\_\_

\_\_\_\_\_

IF VENDOR, SPECIFIC LOCATION FOR CONDUCT OF BUSINESS

\_\_\_\_\_

EMPLOYEE/AGENT OF \_\_\_\_\_

\_\_\_\_\_

IF MOTOR VEHICLE IS USED:

DESCRIPTION OF VEHICLE \_\_\_\_\_

REGISTRATION AND LICENSE NUMBERS \_\_\_\_\_

ARRESTS/CONVICTIONS WITHIN PAST TWO (2) YEARS

\_\_\_\_\_

OTHER LICENSES OR PERMITS ISSUED BY CITY OF NIAGARA FALLS  
WITHIN PAST FIVE (5) YEARS

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**I have read Chapter 341 of the Codified Ordinances entitled  
"Vendors and Peddlers". I hereby certify that the information I  
have provided on this application is true and correct.**

SIGNATURE (MUST BE NOTARIZED) \_\_\_\_\_

Sworn to before me this  
\_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

(Notary Stamp)

\_\_\_\_\_  
Notary Public

CITY OF NIAGARA FALLS  
VENDOR/PEDDLER LICENSE APPLICATION

**ASSISTANT #1**

NAME \_\_\_\_\_

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

PERMANENT BUSINESS ADDRESS \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_

\_\_\_ ID VERIFIED (PROOF OF AGE) - COPY OF DRIVER'S LICENSE

**ASSISTANT #2**

NAME \_\_\_\_\_

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

PERMANENT BUSINESS ADDRESS \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_

\_\_\_ ID VERIFIED (PROOF OF AGE) - COPY OF DRIVER'S LICENSE

**ASSISTANT #3**

NAME \_\_\_\_\_

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

PERMANENT BUSINESS ADDRESS \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_

\_\_\_ ID VERIFIED (PROOF OF AGE) - COPY OF DRIVER'S LICENSE

**FOR USE OF CLERK'S OFFICE**

ATTACHMENTS TO APPLICATION:

\_\_\_ INFORMATION COMPLETED - APPLICATION COMPLETED & NOTARIZED

\_\_\_ ID VERIFIED (PROOF OF AGE) - COPY OF DRIVER'S LICENSE OR  
OTHER VALID PHOTO ID

\_\_\_ INSURANCE CERTIFICATES - GENERAL AND PRODUCT LIABILITY  
\$1M PER OCCURRENCE/\$2M GENERAL AGGREGATE  
CITY OF NIAGARA FALLS AS ADDITIONAL INSURED

\_\_\_ NYS SALES TAX CERTIFICATE

\_\_\_ NIAGARA COUNTY HEALTH DEPT. PERMIT, APPLICABLE TO FOOD SALES

\_\_\_ VEHICLE INFORMATION VERIFIED - COPY OF REGISTRATION  
(ONLY FOR TOW BEHIND STAND/CART)

\_\_\_ BACKGROUND/RECORD CHECK - POLICE RECORD CHECK ATTACHED

\_\_\_ PICTURE/RENDERING OF MOTOR VEHICLE, STAND, CART, ETC.

\_\_\_ VENDOR FEE WAIVED FOR HONARABLY DISCHARED VETERAN, PROVIDE  
DD-214 FORM

RECEIVED IN CLERK'S OFFICE

LICENSE ISSUED \_\_\_\_\_