

Village of Lancaster, New York
APPLICATION FOR SOLICITORS PERMIT

Permit #:
Date Issued:
Amt. Pd.: \$

PLEASE PRINT OR TYPE. DO NOT LEAVE ANY QUESTIONS BLANK.
 PLEASE MARK A LINE OR 'N/A' IN AREAS THAT DO NOT APPLY OR WILL NOT HAVE INFORMATION PROVIDED.

SOLICITOR'S PERSONAL INFORMATION:

Full Name:			
Known by any other name: (past or present)			
Present Address: (Include City/State/Zip and Apt No.)			
Length of time at this address:			
Previous Addresses: (within past 2 years)			
Telephone No.:			
Date & Place of Birth:	Date:	City/Town:	State: Country:
Social Security No:			
Automobile Description:	Vehicle Make:	Model:	Color:
License Plate No.:	#	State Issued:	
Drivers License No.:	#	State Issued:	

EMPLOYERS INFORMATION:

Employer/Company Name:			
Company's Full Address: (Include City/State/Zip)			
Name of Supervisor:			
Supervisor's Telephone No.:			
Nature of goods/services provided by your employer:			
Length of Employment:			
Previous Employers: (within past 2 years)	Company Name:	Supervisor:	Telephone No.:
	1.		
	2.		
	3.		
	4.		

Have you ever been arrested for any offense? [] YES [] NO

If yes, please explain in full detail:

Please continue on back side of this page.

No person shall sell, peddle, hawk or vend upon the streets or public places of the village, by going from house to house soliciting purchases or otherwise, unless a license to do so has previously been obtained by him/her from the Village Clerk. Said license must be shown to any member of the police force on demand.

No vehicle of any kind shall be used for the sale of goods, wares or merchandise upon the streets or public places of the village unless a license has been obtained from the Village Clerk, said license must be shown to any member of the police force or Board of Trustees on demand.

Fees: **\$150.00.**

2 MONTHS FROM DATE OF ISSUE

Licenses are not transferable. All licenses issued hereunder shall expire two (2) months following the date of issuance.

Solicitor permit shall be placed by solicitor on outer garment readily accessible and viewable to all who come in contact with them.

Solicitor's hours of operation shall be no earlier than 8:30 a.m. and end at dusk.

I, _____, do hereby authorize the Village of Lancaster Police Department to perform a motor vehicle and criminal records check upon myself. I have also read the rules outlined on this application, I understand them and will adhere to these guidelines.

X _____ Date _____

---- DO NO WRITE BELOW THIS LINE ----

POLICE DEPARTMENT:

Motor vehicle and criminal records check completed on: _____ By: _____

[] Approved [] Denied for reason(s) _____

PHYSICAL CHARACTERISTICS

Sex: [] Male [] Female

Height: _____

Weight: _____

Race: _____

Eye Color: _____

Hair Color: _____

Glasses: _____

Mustache: _____

Description of Arrests:

Please continue on back side of this page.