

VILLAGE OF NEWARK VALLEY

villageofnewarkvalley.com

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**PERMIT TO SELL/CANVASS/PEDDLE/SOLICITE
WITHIN THE VILLAGE OF NEWARK VALLEY**

APPLICANT'S NAME: _____

PERMANENT ADDRESS: _____

TEMPORARY ADDRESS: _____

PHONE NUMBER: _____

SOCIAL SECURITY NUMBER: _____

AGE: _____; HEIGHT: _____; WEIGHT: _____

COLOR EYES: _____ HAIR: _____

DRIVER'S LICENSE NUMBER: _____

CAR LICENSE NUMBER: _____

YEAR; MODEL; DESCRIPTION OF VEHICLE: _____

COMPANY REPRESENTED: _____

TAX ID# _____

COMPANY ADDRESS: _____

DESCRIPTION OF ITEMS BEING SOLD UNDER THIS PERMIT: _____

LENGTH OF TIME APPLICANT DESIRES LICENSE (NOT TO EXCEED ONE YEAR)

START DATE: _____ END DATE _____

FEE: \$10.00 FOR TWO-DAY PERMIT; \$40.00 FOR AN ANNUAL PERMIT (PER PERSON)

DATE PERMIT GRANTED: _____

SIGNED: _____

VILLAGE CLERK-TREASURER