

**CITY OF HUDSON APPLICATION FOR LICENSE AS VENDOR**

**DATE:** \_\_\_\_\_

**NAME OF APPLICANT:** \_\_\_\_\_ **SOCIAL SECURITY NO:** \_\_\_\_\_

(Each Vendor vending for the same firm or company may be required to file a separate application.)

**ADDRESS (LEGAL & PHYSICAL):** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_ **TELEPHONE #:** \_\_\_\_\_ **CELL PHONE:** \_\_\_\_\_

**SEX:** M \_\_\_ F \_\_\_ **EYE COLOR:** \_\_\_\_\_ **HEIGHT:** \_\_\_\_\_ **WEIGHT:** \_\_\_\_\_

**DRIVERS LICENSE NO./STATE:** \_\_\_\_\_ **EXP. DATE:** \_\_\_\_\_

**NAME OF FIRM, CORP. OR ORGANIZATION YOU REPRESENT & THEIR ADDRESS:**

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

**TELEPHONE NO.** \_\_\_\_\_ **NAME OF SUPERIOR:** \_\_\_\_\_

**INFORMATION ON ANY VEHICLE YOU MAY EMPLOY IN THE ACT OF VENDING:**

**YEAR:** \_\_\_\_\_ **MAKE & MODEL:** \_\_\_\_\_

**LICENSE PLATE NO.** \_\_\_\_\_ **VEHICLE/TRAILER LENGTH:** \_\_\_\_\_

**STATE KIND OF GOODS, WARES OR MERCHANDISE YOU DESIRE TO SELL:** \_\_\_\_\_

(IF YOU ARE SELLING FOOD, PLEASE CONTACT THE COLUMBIA COUNTY HEALTH DEPARTMENT AT (518) 828-3358 FOR PERMIT)

**SPECIFY DATE(S) YOU INTEND TO VEND:** \_\_\_\_\_

**SPECIFY LOCATION YOU INTEND TO VEND:** \_\_\_\_\_

**PLEASE LIST ANY AND ALL ARRESTS/CONVICTIONS:** \_\_\_\_\_

\_\_\_\_\_

**THIS IS A RELEASE BY THE APPLICANT OF ANY AND ALL RECORDS TO OBTAIN PERSONAL INFORMATION INCLUDING A CRIMINAL HISTORY CHECK THROUGH THE HUDSON POLICE DEPARTMENT.**

**SIGNATURE OF APPLICANT:** \_\_\_\_\_

**STATE OF NEW YORK  
COUNTY OF COLUMBIA**

**SUBSCRIBED AND SWORN TO ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_**

\_\_\_\_\_  
**NOTARY PUBLIC**

**FEES: ONE-YEAR PERMIT - \$400.00**

**THREE-MONTH PERMIT - \$300.00**