

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.** _____

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