

LENGTH OF TIME FOR WHICH THE RIGHT TO DO BUSINESS IS REQUESTED (indicate specific time period, including hours): 30 days 60 days 90 days

ARE YOU WORKING ALONE? _____ YES _____ NO ***IF NO SEE NEXT ITEM

***WHEN SUBMITTING APPLICATION, LIST THE NAME OF EACH PERSON YOU ARE WORKING WITH ON THE GROUP FORM (OBTAIN FROM TOWN CLERK).

*****PLEASE NOTE EACH PERSON MUST FILL OUT THEIR OWN APPLICATION FORM AND SUBMIT FEE*****

VEHICLE INFORMATION

MAKE: _____ MODEL: _____ YEAR: _____

COLOR: _____ PLATE NUMBER: _____ STATE: _____

I, the undersigned, do hereby state that the above information is true and correct. I understand that I may not solicit between sunset and 9 am local time, and that I cannot approach any home that posts a "no solicitors" sign on their property. I further understand that I will conduct myself in an orderly and lawful manner at all times.

Applicant's Signature

Date

County of Niagara
State of New York

Subscribed and sworn to before me
this _____ day of _____ 20_____.

Notary Public

Date



OFFICE USE BELOW

APPLICATION FEE PAID: AMOUNT \$ _____ DATE: _____ RECEIPT #: _____

APPROVED: YES _____ NO _____ REASON: _____

PERMIT ISSUED BY: _____ DATE: _____

TOWN OF CAMBRIA (GROUP FORM)
APPLICATION FOR PEDDLERS, VENDORS, SOLICITORS

LIST NAMES OF ALL INDIVIDUALS IN GROUP

OFFICE USE ONLY
PERMIT NUMBER
