Village of Canton 60 Main St Canton, New York 13617 (315) 386-2871 (315) 386-1361 (Fax)

LICENSE TO HAWK OR SOLICIT

Applicant In	formation					
Name:						
(First	1	/M	liddle Initial)	7	Last)	
Home addres	5) SS:	(10)	iladio iliidai)	(1	Lasty	
City State:		Zip (Code			
Phone:			Jouc			
Date of Birth:						
Date of Birth: Tax Payer ID	•					
Sales Tax Nu	ımber:					
If applicant is	other than in	dividual using pe	rmit, person wh	om is being rep	resented:	
Name:						
(Firs	<u>:t)</u>	(M	liddle Initial)	· · · · · · · · · · · · · · · · · · ·	(Last)	
Home address	SS:	'	,		(Eddi)	
City State:		Zip (?ode			
Phone:			J040	•		
Date of Birth:						
Activity						
01-1	A 12 21 7.					
Statement of	Activity (include	ing kinds of goods, v	vares and merchan	dise to be sold, or th	e kind of service to be pe	rformed):
					·	
Location for p	proposed activ	/ity:				
Dates on whi	ch solicitation	is to be conduct	ed: From	To)	**************************************
Vehicle(s) to	be used:					
Make		Model	Yea	r	Color	
License Plate	No	Driver'	s License No.		Color (photocopy	required)
			-		, (In the second	
Other license	es and/or appr	ovals required to	perform activity	y (i.e. Departme	nt of Health):	
Have you ap	plied for/been	given a license j	oreviously?	If ye	es, date of license:	
		•	-	,		
I have receive	ed, read and	understand the re	egulations gove	rning hawking o	r soliciting.	
Date	Signature Print Name					······································
Plea	ase attach pr	oof of liability ir	nsurance nami	ng the Village a	as additional insure	ed.
Office Inform	nation					
License Grantec	I: Denied:	Date:				
	T-11-11-11-11-11-11-11-11-11-11-11-11-11					
Village Official's	Initials					