

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

LICENSE TO HAWK OR SOLICIT

Applicant Information

Name: _____
(First) (Middle Initial) (Last)
Home address: _____
City, State: _____ Zip Code _____
Phone: _____
Date of Birth: _____
Tax Payer ID: _____
Sales Tax Number: _____

If applicant is other than individual using permit, person whom is being represented:

Name: _____
(First) (Middle Initial) (Last)
Home address: _____
City, State: _____ Zip Code _____
Phone: _____
Date of Birth: _____

Activity

Statement of Activity (including kinds of goods, wares and merchandise to be sold, or the kind of service to be performed):

Location for proposed activity:

Dates on which solicitation is to be conducted: From _____ To _____

Vehicle(s) to be used:

Make _____ Model _____ Year _____ Color _____
License Plate No. _____ Driver's License No. _____ (photocopy required)

Other licenses and/or approvals required to perform activity (i.e. Department of Health):

Have you applied for/been given a license previously? _____ If yes, date of license: _____

I have received, read and understand the regulations governing hawking or soliciting.

Date Signature Print Name

Please attach proof of liability insurance naming the Village as additional insured.

Office Information

License Granted: _____ Denied: _____ Date: _____

Village Official's Initials