

APPLICATION FOR VENDORS LICENSE - Hawking, Peddling and Soliciting
TOWN OF LEWISTON

FULL NAME APPLICANT _____
APPLICANT MUST SUPPLY PHOTO ID (photo copies will be taken of ID)

HOME ADDRESS _____

BUSINESS NAME / ADDRESS _____

TELEPHONE _____

Designation of individual upon whom legal notice may be served:

Name: _____

Address: _____

BRIEF DESCRIPTION OF THE GOOD AND/OR SERVICE SOLD:

IF VENDOR IS EMPLOYED BY OR IS AN AGENT OF ANOTHER, THE NAME AND BUSINESS ADDRESS OF THE PRINCIPLE / HIRING PERSON, FIRM, ORGANIZATION OR COMPANY

DRIVERS LICENSE NO _____

DESCRIPTION OF VEHICLE: MAKE / MODEL _____ YEAR _____

PLATE NO. _____ STATE _____

CONVICTED OF: Felony ____ Yes _____ No _____ If so, provide details

Misdemeanor ____ Yes _____ No _____ If so, provide details

The applicant hereby authorizes the Town of Lewiston to share the Background Check, copy of driver's license and application with Town of Lewiston Police Dept., employees, and agents for purposes relating to this application.

NOTICE: "FALSE STATEMENTS MADE HEREIN ARE PUNISHABLE AS A CLASS A MISDEMEANOR PURSUANT TO SECTION 210.45 OF THE NEW YORK STATE PENAL LAW"

Applicants Signature _____

Notary _____

FEE PAID \$ _____

DATE PAID _____ 7/2024