



TOWN OF PERINTON  
APPLICATION

**PEDDLERS – VENDORS – SOLICITORS**

1. NAME OF APPLICANT: \_\_\_\_\_  
(please print)
  2. Height \_\_\_\_\_ Weight \_\_\_\_\_ Hair Color \_\_\_\_\_ Eye Color \_\_\_\_\_
  3. Date of Birth \_\_\_\_\_ Phone Number (\_\_\_\_\_) \_\_\_\_\_
  4. Legal Home Address \_\_\_\_\_  
No. Street  
\_\_\_\_\_  
City/Town State Zip  
County of Residence \_\_\_\_\_  
Name and Title of Immediate Supervisor: \_\_\_\_\_  
Phone number for Immediate Supervisor (\_\_\_\_\_) \_\_\_\_\_
  5. Name and address of firm represented, nature of business, kind of goods to be peddled or services to be performed: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- Is this a mobile food business? (please circle)      **Yes**      **No**
- If yes, please attach a copy of your current Monroe County Health Permit.
6. Year, make and model of vehicle to be used: \_\_\_\_\_  
License plate number: \_\_\_\_\_
  7. If commercial or suburban vehicles are to be used, give maximum weight of each vehicle:  
\_\_\_\_\_

8. Are scales or measures to be used? (please circle) **Yes** **No**  
If yes, provide date of certificate issued by Monroe County Scale of Weights and Measures:  
\_\_\_\_\_ and attach a copy of certificate with this application.

9. Are you a veteran? (please circle) **Yes** **No**  
If you were not honorably discharged please explain circumstances of military discharge and  
attach additional pages if necessary: \_\_\_\_\_  
\_\_\_\_\_

10. Do you possess a veteran's license to peddle issued by the Monroe County Clerk?  
(please circle) **Yes** **No**  
If yes, please submit a copy of the license with this application.

11. Have you ever been convicted of a crime, misdemeanor or a violation of any municipal  
ordinance? (please circle) **Yes** **No**  
Punishment or penalty: \_\_\_\_\_  
Community where offense occurred: \_\_\_\_\_

**❖ IF YES, YOU MUST ATTACH A POLICE RECORD FROM THE POLICE  
DEPARTMENT WHERE THE VIOLATION/CRIME/MISDEMEANOR  
OCCURRED.**

**ATTACHMENTS:**

- **Two clear head and shoulders photographs, taken within 60 days of the application. Each should be 2" by 2".**
- **A clear copy of driver's license. (IF THE COPY OF THE DRIVERS LICENSE IS NOT CLEAR THE APPLICATION WILL BE REJECTED)**
- **A description of the goods, wares or commodities to be offered for sale along with a true invoice of their amount, quality and value.**
- **If using a stationary location, submit a letter from the owner of the site giving permission to use the site AND a letter from the Perinton Commissioner of Public Works stating that locating at the site will not interfere with traffic.**
- **If under 16 years of age, attach a copy of your working permit.**
- **Monroe County Health Permit if selling prepared foods of any kind.**

Date: \_\_\_\_\_ Signature: \_\_\_\_\_\*

\*SIGNING THIS APPLICATION GIVES THE TOWN CLERK PERMISSION TO CONDUCT AN INVESTIGATION INTO THE APPLICANT'S BACKGROUND, INCLUDING REFERRING THE APPLICATION TO THE MONROE COUNTY SHERIFF'S DEPARTMENT.

The Town of Perinton reserves the right to deny issuance of a permit based upon adverse background information of a criminal report.