

**VILLAGE OF WALTON**

**21 NORTH STREET  
WALTON, NY 13856  
607-865-4358  
FAX 607-865-4327**

**APPLICATION FOR VENDORS PERMIT**

**INSTRUCTIONS:**

This form must be completed to apply for a license to engage in the pursuit or exercise of the occupation of auctioneering, hawking, vending, peddling, soliciting orders and the crying of goods, wares and merchandise, food for immediate consumption or other commodities in the streets and public places and by going from house to house in the Village of Walton. **Complete parts I & VI and submit the appropriate payment.**

Additionally, depending on the type of license sought, complete Parts II, III, IV, & V as follows:

**PART II - AUCTIONEER**

**PART III - HAWKER/VENDOR/ PEDDLER**

**PART IV - FOOD VENDOR**

**PART V - NOT FOR PROFIT ORGANIZATION/BLANKET PERMITS**

**APPLICATIONS FOR PERMITS OTHER THAN BLANKET PERMITS MUST BE FILED AT LEAST 15 DAYS BEFORE THE PERIOD FOR WHICH THE PERMIT IS REQUESTED. BLANKET PERMIT APPLICATIONS MUST BE SUBMITTED BY THE SPONSORING AGENCY AT LEAST 30 DAYS BEFORE THE SPECIAL EVENT.**

**PART I**

*Name of Organization or Individual:*

\_\_\_\_\_

Address: \_\_\_\_\_

Contact Person (if different from above): \_\_\_\_\_

Phone: Daytime: \_\_\_\_\_ Evening: \_\_\_\_\_

\_\_\_\_\_

**PART II: AUCTIONEER**

Date(s) of Auction: \_\_\_\_\_ Location of Auction \_\_\_\_\_

Auctioneer: \_\_\_\_\_

Private auctions are exempt from the hour limitations and the commercial zone restrictions.

\_\_\_\_\_

**PART III: HAWKER/VENDOR/PEDDLER**

A person, except as hereinafter expressly provided, either principal or agent, who from any public street or public place, or by going from house to house, on foot or on or from any vehicle, sells or barter, offers for sale or barter, or carries or exposes for sale or barter any goods, wares or merchandise, books, magazines, periodicals, or any other item or items of value, except milk, newspapers, food and drink meant for immediate consumption and food distributed on regular customer routes.

Are you associated or affiliated with any business, company, religious, non-profit or other organization for conducting your business in the Village of Walton? \_\_\_\_\_no\_\_\_\_\_yes, please answer the following:

Name of Business: \_\_\_\_\_

Address: \_\_\_\_\_

Phone No: \_\_\_\_\_

Officer or representative to whom you are responsible:

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Phone \_\_\_\_\_

Type of Business: \_\_\_\_\_ Years in Business: \_\_\_\_\_

Your position with the Company: \_\_\_\_\_ Length of Employment: \_\_\_\_\_

***Individual salesperson information:***

1. Name: \_\_\_\_\_  
Date and Place of Birth: \_\_\_\_\_ Social Security No: \_\_\_\_\_  
Address \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Age: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Build: \_\_\_\_\_ Sex: M F  
Race: \_\_\_\_\_

Do you own or have use of an automobile: \_\_\_\_\_

**VEHICLE:**

Make \_\_\_\_\_ Color: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_ License  
No: \_\_\_\_\_ State: \_\_\_\_\_

Registration (State No.) \_\_\_\_\_

Driver's License No: \_\_\_\_\_ State: \_\_\_\_\_

2 Name: \_\_\_\_\_ Date  
and Place of Birth: \_\_\_\_\_ Social Security No: \_\_\_\_\_  
Address: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Age: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Build: \_\_\_\_\_ Sex: M F  
Race: \_\_\_\_\_

Do you own or have use of an automobile: \_\_\_\_\_

**VEHICLE:**

Make \_\_\_\_\_ Color: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_ License  
No: \_\_\_\_\_ State: \_\_\_\_\_

Registration (State No.) \_\_\_\_\_

Driver's License No: \_\_\_\_\_ State: \_\_\_\_\_

*If more space is required, please attach additional pages.*

Length of time you anticipate conducting business in the Village of Walton, New York:

Starting Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_

**Describe Nature of Service/Sales to be performed and method of distribution:**

\_\_\_\_\_  
\_\_\_\_\_

*If this service requires delivery of a product at a future date, answer the following:*

Type of product to be delivered: \_\_\_\_\_

Anticipated length of time for delivery to be made: \_\_\_\_\_ Method of delivery: \_\_\_\_\_

Payment Schedule:

(1) Amount or percentage of money required for initial payment: \_\_\_\_\_ (2) Final Payment due \_\_\_\_\_

If final delivery is to be made locally, cite how, when and where: \_\_\_\_\_

***Explain refund policy:***

\_\_\_\_\_  
\_\_\_\_\_

If a customer should have questions of complaints concerning your product/service, list name of individual or organization they can contact for assistance.

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

***ATTACH COPIES OF ANY BROCHURES, PAMPHLETS, MATERIALS AND LEGAL DOCUMENTS THAT YOU MAY USE AS PART OF YOUR BUSINESS/SALES.***

***REFERENCES:***

*List the location and addresses of places where you have conducted business over the past six months*

**DATE      NAME                                      ADDRESS**


\_\_\_\_\_

**PART IV - FOOD VENDOR**

A person, either principal or agent, who from any public street or public place or by going from house to house on foot or on or from any vehicle, sells or barter, offers for sale or barter, or carries or exposes for sale any food or drink meant for immediate consumption, either prepared on site or packaged.

**Food permits require the additional submission of proof that a Health Department permit has been obtained. PLEASE ATTACH COPY OF HEALTH DEPARTMENT PERMIT.**

Date of Event: \_\_\_\_\_

Location of Event: \_\_\_\_\_, please provide written permission from the property owner and attach.

Is this a mobile vending cart? \_\_\_ Yes, \_\_\_ no. Please attach a photograph or detailed sketch of the cart.

Certificate of Liability Insurance naming the Village of Walton as added insured must be supplied to the Village Clerk at least 14 days before the event, if conducted on Village property.

# \_\_\_\_\_ Company \_\_\_\_\_

Policy Period: \_\_\_\_\_

**PART V - NOT FOR PROFIT/BLANKET PERMITS**

Non profit organizations e.g. fire departments, service clubs, public school or organized church-sponsored fairs, exhibitions or sales including concessions of not more than three days duration, conducted on private property and provided that all revenues after expenses go to the benefit of such non-profit organization. It will be the responsibility of such organization to obtain a permit from the village clerk and to control the operation of the event or concession. The use of public parks, public parking lots and public lawn areas by non-profit organizations may be granted by the Board of Trustees on a case-by-case basis following review by the designated Village committee with responsibility for the site.

Vending conducted from booths, carts, tables, tents or other temporary structures in the business district on either public streets or sidewalks during Village Board defined community/special events. Community events are Village wide celebrations proclaimed by the Village Board of Trustees. A special event is an event sponsored by a non-profit organization and approved by the Village Board.

A blanket permit is issued to a non-profit sponsoring organization for vending during a Village Board approved special event. Registration of all individual vendors will be handled by the sponsoring agency.

A certificate of insurance naming the Village as an added insured and in an amount stipulated by the Village Board must be supplied to the Village Clerk at least 14 days before the event, if conducted on Village property, by each applicant or by the sponsoring agency in the case of a blanket permit.

Name of event: \_\_\_\_\_

Date(s) of event: \_\_\_\_\_ Location of Event: \_\_\_\_\_

Nature of event: \_\_\_\_\_

Contact person: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Tax ID #: \_\_\_\_\_ Vendor \_\_\_\_\_

Are you applying for a blanket permit? \_\_\_ No, \_\_\_ yes. If yes please continue:

1. As the sponsoring organization, you are responsible for screening applicants and assigning spaces (in areas established by the Code Enforcement Official.
2. Attach a list of vendors/non-profit organizations and assigned spaces.
3. Attach proof of liability insurance covering all participants if the event is conducted on Village Property.
4. Attach applicable Health Department Clearances if the blanket permit covers the sale of food.

**PART VI:**

I understand that those people covered by this application must abide by the following restrictions:

1. Licenses issued under this order are only valid during normal business hours, typically 7:00 a.m. to 7:00 p.m., at which time business must be suspended, and vehicles containing merchandise, goods or wares related to the business activity for which the person is licensed must be removed from the area. This removal must be partaken at least once in every twenty-four hour period.
- 2. No person shall be permitted to operate, maintain or otherwise establish a temporary facility, stand or booth for display of wares or sales of merchandise on the property of another, unless the individual has:**
  - a. Established that property is in a commercial zone; and**
  - b. Obtained written permission of the property owner.**
3. Individuals not operating from a permanent address who are in effect operating a causal sale must also have evidence of compliance with state and local sales tax laws or regulations.
4. No vendor will be allowed to alter, deface, or damage village property by actions such as, but not limited to, placing nails into sidewalks/trees, or hanging sings, banners or other items from trees, streetlights, or public signs.
- 5. Permits must be displayed conspicuously.**

I hereby affirm under penalty or perjury that the information provided in this form and attached statements and exhibits is true to the best of by knowledge and belief.

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

Print Name: \_\_\_\_\_ Phone: \_\_\_\_\_

State of New York  
County of Delaware

Sworn to me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_

\_\_\_\_\_  
Notary Public

**FOR OFFICIAL USE ONLY:**

DATE RECEIVED: \_\_\_\_\_ FEE OF \$ \_\_\_\_\_ RECEIVED BY: \_\_\_\_\_

\_\_\_\_\_ **APPROVED**

PERMIT ISSUED: \_\_\_\_\_, PERMIT EXPIRES: \_\_\_\_\_

\_\_\_\_\_ **DENIED**

REASON: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
MAYOR DATE

\_\_\_\_\_  
VILLAGE CLERK DATE

