Town of Galen
PEDDLER'S PERMIT
(Peddling, Hawking, Soliciting)
6 South Park St. Clyde, NY

Permit No.

Name_____ Age & DOB

Address_____ City

Date of Application_____ Fee

Firm Represented

Address of Firm

Kind of Merchandise

Method of Distribution

Expiration Date of Permit _____ 20____ All Permits Expire December 31,

Have you ever been convicted of a crime? Yes_____ No

If Yes, Describe Crime and Disposition

I hereby certify that I am the applicant named above and will abide by all the laws as provided in the PEDDLERS AND VENDORS ORDINANCE OF THE TOWN OF GALEN

STATE OF NEW YORK)
COUNTY OF WAYNE) ss.
TOWN OF GALEN)

Applicant Signature

SWORN BEFORE ME THIS

Day of _____ 20

(Notary Public) Wayne County, New York

seal

Town Clerk