

VILLAGE OF BROCKPORT
PEDDLING-SOLICITING APPLICATION
Refer to Brockport Village Code Chapter 16 – Peddling and Soliciting

Date of Application: _____

Fee submitted: _____

Date scheduled on Village Board agenda: _____

Note: Applicant must attend Village Board meeting

INDIVIUAL - list ALL individuals peddling-soliciting with this application (make copies for additional individuals)

Name: _____	Social Security Number: _____
Phone Number: _____	
Permanent Address: _____ _____	Temporary Address: _____ _____
Date of Birth: _____ Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____	
Driver's License #: _____ <i>(Attach copy of License)</i>	Vehicle License Plate #: _____
Year ____ Make ____ Model ____ Color ____ State of Registry ____	

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Phone Number: _____	
Permanent Address: _____ _____	Temporary Address: _____ _____
Date of Birth: _____ Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____	
Driver's License #: _____ <i>(Attach copy of License)</i>	Vehicle License Plate #: _____
Year ____ Make ____ Model ____ Color ____ State of Registry ____	

BUSINESS/COMPANY/ORGANIZATION

Business or Organizational Name: _____

Direct Manager Name: _____

Address: _____

Telephone Number: _____ Email: _____

PRODUCT

Date of Operation: From: _____ to _____

Time of Day From: _____ to _____

Description of items being hawked, peddled or for which orders are being solicited: _____

(Attach a sample)

REFERENCES for each individual peddling-soliciting with this application (make copies for additional individuals)

The Applicant must provide two-character references and a passport-sized photograph taken within 2 months preceding the application.

Character Reference Name: _____ Phone: _____

Character Reference Name: _____ Phone: _____

(Attach Photos)

The Applicant must provide two-character references and a passport-sized photograph taken within 2 months preceding the application.

Character Reference Name: _____ Phone: _____

Character Reference Name: _____ Phone: _____

(Attach Photos)

Mobile food units (if applicable): Must attach State and County Health Department compliance certificate(s).

Date: _____

SIGNATURE OF APPLICANT(S)

Date: _____

SIGNATURE OF APPLICANT(S)

BACKGROUND CHECK

1. A BCI background check. Provide original or a certified copy of the original background check.
OR
2. Applicant agrees to allow the Village to obtain a name/date of birth BCI background check.

Signature of Individual

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