



The City of Poughkeepsie, New York

62 Civic Center Plaza Poughkeepsie, NY 12601 Phone: (845) 451-4276 Fax: (845) 451-4239

INDIVIDUAL VENDOR PERMIT APPLICATION

Name, Date, and Location of Community Event:

Your Name: _____

Your Address: _____

Your Phone #: _____

Place(s) of Residence for the Past Five (5) Years (Street, City, State, Zip Code):

Business or Employers for the Past Five (5) Years (including location(s)):

Age: _____ Height: _____ Weight: _____ Eye Color: _____

Hair Color: _____

Place of Birth (City, State, Country): _____

Date of Birth (Month, Day, Year): _____

Have you ever been convicted of a felony, misdemeanor, or violation of any municipal ordinance, except traffic violations? Yes No
(If you indicated yes, please list the date, court ordinance(s) violated, and sentence of the court)

Date: _____

Ordinance(s) Violated: _____

Sentence: _____

Have you been previously licensed in any occupation? Yes No
(If you indicated yes, please list the type of license, where it was issued, and for what time periods)

Type: _____

Location of Issuance: _____

Time Period: _____

Have you ever had a license revoked? Yes No
(If you indicated yes, please provide the date of revocation, and the reason(s))

Date of Revocation: _____

Reason(s): _____

Name and address of the person, firm, or corporation the applicant represents or is employed by:

Name: _____

Address: _____

The particular business, trade, or occupation for which the license is requested including a brief description of the nature of the business and the kinds of goods or property to be peddled, hawked, or solicited:

Number of Days you intend to vend goods: _____

Manner in which goods will be transported:

Foot Motorized Vehicle Both-Foot & Motor Vehicle

If you are using a motor vehicle, please indicate type (make/model/year):

Make: _____ Model: _____

Year: _____

Registration Information:

Insurance Information:

(To operate a motorized vehicle, you must submit with your application a copy of your current State-Issued Driver's License, your current registration, and your current insurance card. If the registration and insurance card are not in your name, the person named must personally present said information and sign an affidavit)

Has your driver's license or privilege to operate a motor vehicle in any state ever been suspended or revoked yes no **If yes give date(s) and details below**

Applicant New York State Sales Tax I.D. Number: _____

Will weighing and measuring devices be used in the sale of goods? Yes No

(If you indicated yes, you must submit a certificate from the Dutchess County Sealer of Weights & Measures with your application)

Are you licensed to handle food in any form? Yes No

(If you indicated yes, you must submit a Food Permit issued by the Dutchess County Health Department with your application)

Are you a U.S. citizen? Yes No

Permanent Resident Number: _____

(If not please provide, permanent resident number and proof of legal residency to this application)

ACKNOWLEDGEMENTS

I have read the contents of this application and the information contained therein is true, accurate, and complete.

I have read and understand the Rules and Regulations for this permit and understand that this permit may be revoked after notice and hearing pursuant to City of Poughkeepsie Ordinance, Section 7 ¾ -14 and Section 10-9, for any of the reasons set forth therein.

The undersigned represents, stipulates, contracts, and agrees that the applicant and/or sponsor of the vending permitted pursuant to this application will jointly and severally

indemnify and hold the City of Poughkeepsie, State of New York, harmless against liability, including court costs and attorney’s fees, and attorney’s fees on appeal, for any and all claims for damage to property, or injury to, or death of persons arising from the activities authorized by this vendor permit.

I hereby acknowledge that all information provided in this application is true and current and that I will be held to the rules and regulations provided for under the umbrella vendor application of the event organizer.

Signed: _____ **Date:** _____

Printed Name: _____

Subscribed and sworn to (or affirmed) before me this _____ day of _____, 20 _____.

Notary Public—Commissioner of Deeds