

# VILLAGE OF BROCKPORT HAWKING-PEDDLING APPLICATION

**Date of Application:** \_\_\_\_\_

**Fee submitted:** \_\_\_\_\_

**Date scheduled on Village Board agenda:** \_\_\_\_\_

Note: Applicant must attend Village Board meeting.

**BUSINESS or ORGANIZATION:** \_\_\_\_\_

**PERSON(S) IN CHARGE:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**TELEPHONE:** \_\_\_\_\_ **FAX:** \_\_\_\_\_

**E-MAIL:** \_\_\_\_\_

**LICENSE TO COVER DATES FROM:** \_\_\_\_\_ to \_\_\_\_\_

**TIME OF DAY FROM:** \_\_\_\_\_ to \_\_\_\_\_

• **Products to be sold or for which orders are to be solicited:** \_\_\_\_\_

\_\_\_\_\_

• **Items / publications to be distributed:** \_\_\_\_\_

\_\_\_\_\_

• **Nature of other solicitation:** \_\_\_\_\_

\_\_\_\_\_

Vehicle to be used (if any): Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_

State of Registry \_\_\_\_\_ Plate # \_\_\_\_\_

Mobile food units:

Must attach State and County Health Department compliance certificate(s).

\_\_\_\_\_  
SIGNATURE OF APPLICANT