

City Clerk  
Phone (518) 279-7134  
Fax (518) 270-4639

THE CITY OF  
**TROY**  
Office of the City Clerk

**ONE DAY  
VENDOR  
PERMIT**

**VENDOR NAME:** \_\_\_\_\_

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

**TELEPHONE NUMBER:** \_\_\_\_\_

**CHECK BOX FOR EVENT BELOW:**

**BLOCK PARTY**

**STREET FESTIVAL**

**PARADE**

**OTHER EVENT**

**Explain:** \_\_\_\_\_

**DATE of EVENT:** \_\_\_\_\_ **HOURS:** \_\_\_\_\_

**TYPES OF ITEMS BEING VENDED:** \_\_\_\_\_

**ARE YOU VENDING FOOD?** \_\_\_\_\_ **IF YES, WHAT KIND:** \_\_\_\_\_

**(\*\*\* NOTE: THE FOLLOWING ITEMS MUST BE ATTACHED TO YOUR APPLICATION BEFORE A PERMIT CAN BE ISSUED BY THE TROY CITY CLERK'S OFFICE)**

- 1. A Certificate of Insurance naming City of Troy as additional insured.**
- 2. Rensselaer County Health Department Certification for food/beverage vendors ONLY.**
- 3. Proof of worker's compensation insurance OR an affidavit stating that no worker's compensation is needed (ie: self employment).**

*Seal*

\_\_\_\_\_  
**City Clerk**

**DATE:** \_\_\_\_\_

cc: Police Chief

Revised 03-12-2008

**FOR OFFICAL USE ONLY**

**Secondhand/ Precious metals**

New Application  Renewal year (circle): 2 3 4 5

Self employed  Employee

**NYS Division of Criminal Justice Services (fingerprint report) sent to Troy Police Dept.**  
\_\_\_\_\_ **Receipt from L1**

**Date submitted** \_\_\_\_\_ **Results:**  Approved  Not Approved  
 **Troy Police Department records check**

**Officer** \_\_\_\_\_ **Date** \_\_\_\_\_

Records verification

- Drivers license**
- Vehicle registration
- Liability insurance
- Rensselaer County Health Permit

Departmental notification

- Original to City Clerk
- Copy to Police Chief
- Copy to Dealer

Chief of Police \_\_\_\_\_ Date \_\_\_\_\_

Approved  Denied Reason \_\_\_\_\_

**Fee \$ 100.00** \_\_\_\_\_  Check  Money Order  Cash

Date Issued \_\_\_\_\_

City Clerk \_\_\_\_\_ Date \_\_\_\_\_