

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



ATTACH  
PHOTO

Office of the City Clerk  
433 River St, Suite 5001  
Troy, NY 12180

Year \_\_\_\_\_  
License # \_\_\_\_\_

## Vendor Permit Application

Name \_\_\_\_\_ [ ] Male [ ] Female Social Security # \_\_\_\_-\_\_\_\_-\_\_\_\_  
Height [\_\_\_\_' \_\_\_\_"] Weight [\_\_\_\_\_]lbs Hair Color [\_\_\_\_\_] Eye Color [\_\_\_\_\_] Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
Home Address \_\_\_\_\_ Home Phone # \_\_\_\_\_  
Business Phone # \_\_\_\_\_ Fax \_\_\_\_\_ Driver's License # \_\_\_\_\_ State \_\_\_\_\_  
[ ] Self Employed [ ] Employed By \_\_\_\_\_

**Attach to this application: A copy of your Drivers License, the required proof of insurance, and two photos.**

Business Address \_\_\_\_\_

Describe what you intend to vend. For example: food, goods, etc. Please be specific. \_\_\_\_\_  
\_\_\_\_\_

Describe vending unit or mode of transportation. For example: truck, stand, etc. \_\_\_\_\_  
\_\_\_\_\_

If Applicable, List license plate number for vehicles \_\_\_\_\_  
\_\_\_\_\_

Has a vendor license ever been revoked or denied by the City of Troy or any other municipality? [ ] Yes [ ] No

If Yes, please give reason. \_\_\_\_\_

Have you ever been convicted of a crime or misdemeanor? [ ] Yes [ ] No

If Yes, please state nature of crime or misdemeanor and penalty \_\_\_\_\_

**Intended vending location** \_\_\_\_\_

**Dates you will be vending:** FROM \_\_\_\_\_ TO \_\_\_\_\_

I hereby indemnify the City of Troy, New York and save it harmless from all loss, damage, or injury to property or persons arising out of, or caused by or in any way connected with the operation of my vending business. Additionally, I understand that this license may be cancelled at any time if sufficient cause is shown.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Fee \$ \_\_\_\_\_ [ ] Check [ ] Money Order [ ] Cash



Office of the City Clerk

Background Check Form

Auctioneer\* City Sponsored event vendor (if lacking Troy Vendor's License)
Vendor\* Games/Bingo Secondhand dealer \*
Peddler\* Dealer in Precious Metal\* Special Event
\* indicates that fingerprinting ((Part D) is required.

PART A

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

List any and all other names you have ever used: \_\_\_\_\_

List all nicknames you have ever used: \_\_\_\_\_

PART B

List in reverse chronological order all of the places you have resided in the past ten years.

Table with 4 columns: Street # and name, City or town, State or Province, Country. Multiple empty rows for data entry.

PART C

Have you ever been convicted of a crime? \_\_\_\_\_

If yes, Explain: \_\_\_\_\_

PART D: To be completed by office use only.

Fingerprinting is required for all permits. Contact L1 Enrollment Services at 877-472-6915 or www.L1enrollment.com and use ORI#NY0410201. There is a charge for this service. Make payment directly to L1.

I, \_\_\_\_\_, BY EXECUTION OF THIS DOCUMENT GIVE THE City of Troy AND THEIR AGENTS PERMISSION TO CONDUCT A CRIMINAL BACKGROUND CHECK REGARDING MY PAST HISTORY. THIS BACKGROUND CHECK INCLUDES, BUT IS NOT LIMITED TO A RECORDS CHECK TO DETERMINE WHETHER I HAVE EVER BEEN CONVICTED OF ANY CRIME OR HAVE A CRIMINAL RECORD. GIVING FALSE STATEMENTS ON THIS APPLICATION WILL RESULT IN IMMEDIATE DISQUALIFICATION FOR THE PERMIT OR LICENSE FOR WHICH I HAVE APPLIED.

I declare under penalty of perjury that the statements made herein are true and correct to the best of my knowledge, information, and belief.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Fingerprint background review: Approved \_\_\_ Denied \_\_\_
Local background review: Approved \_\_\_ Denied \_\_\_
Signature \_\_\_\_\_ Date \_\_\_\_\_

## Insurance Requirements for Vendor Licenses

1. During the term of any permit, the permit holder shall carry liability insurance naming the City of Troy as an additional named insured. The following insurance coverage amounts shall apply:

\$350,000 General Aggregate

\$350,000 Personal Injury

\$350,000 Each Occurrence

\$100,000 Fire Damage and

\$ 5,000 Medical Expense

2. Proof of Worker's Compensation Insurance or Certificate of Attestation of Exemption from New York Workers' Compensation and / or Disability Benefits Insurance Coverage (CE-200)

### **CHAPTER 224. PEDDLERS AND SOLICITORS ARTICLE I. Hawking, Vending, Soliciting and Peddling**

§ 224-7. License required.

It shall be unlawful for any person to engage, conduct, manage, operate or cause to be conducted, managed or operated within the limits of the City, the business of hawker, vendor, solicitor or peddler without first obtaining a license from the City Council as provided in this article.

§ 224-10. Investigation of applicant; issuance of license.

[Amended 11-3-1988; 8-7-1997; 4-8-1999 by Ord. No. 56]

A. Upon receipt of the application for licensure under this article by the City Clerk, the duplicate shall be referred to the Chief of Police, who shall conduct an investigation of the applicant's business and moral character. The purpose of such licensure is to safeguard the public health, safety and welfare. Such investigations shall inquire into the veracity of statements made upon such application and the applicant's background and character as they relate to the legal and ethical conduct of business as a peddler, hawker and vendor and are made for the protection of the public health, safety and welfare.

§ 224-12. Peddling near schools and public buildings.

The issuance of a license pursuant to this article will not constitute permission to hawk, vend, solicit or peddle upon or within 200 feet of any school, firehouse, public building of any nature or any privately operated store or business.

§ 224-15. Use by another prohibited.

No license issued under the provisions of this article shall be used at any time by any other person than the one to whom it was issued.

§ 224-16. Display of license upon request.

All hawkers, vendors, solicitors and peddlers licensed under this article are required to exhibit their City license at the request of any citizen.

**FOR OFFICIAL USE ONLY**

Name: \_\_\_\_\_  
VENDOR

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

Self employed  Employee

NYS Division of Criminal Justice Services (fingerprint report)

Date submitted \_\_\_\_\_ Results:  No action  Report attached

Troy Police Department records check

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

Results:  No action  Report attached

Records verification

- Drivers license
- Vehicle registration
- Liability insurance
- Surety bond
- Rensselaer County Health Permit

Departmental notification

- Original to City Clerk
- Copy to Police Chief, Fire Chief, Deputy Mayor
- Copy to vendor

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

Deputy Mayor / DPW \_\_\_\_\_ Date \_\_\_\_\_

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

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

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

