

APPLICATION FOR ADDITIONAL PEDDLER EMPLOYEE

- 1) NAME: _____
- 2) ADDRESS: (LOCAL) _____
(LEGAL, IF DIFFERENT) _____
- 3) TELEPHONE #: _____
- 4) EMAIL ADDRESS: _____
- 5) DATE OF BIRTH: _____ 6) CITIZENSHIP: _____
- 7) NAME OF VENDOR/LICENSE APPLICANT: _____
- 8) EXPECTED INCLUSIVE DATES OF SOLICITING ACTIVITY, IF DIFFERENT FROM EMPLOYER/LICENSE APPLICANT: _____
- 9) NAME OF STREETS OR AREAS OF THE TOWN OF SCHODACK WHERE PEDDLING WILL BE CONDUCTED, IF DIFFERENT FROM EMPLOYER/LICENSE APPLICANT:

- 10) LIST OF ALL OTHER MUNICIPALITIES IN WHICH EMPLOYEE HAS PEDDLED WITHIN THE LAST TWO (2) YEARS: _____

- 11) HAVE YOU EVER BEEN CONVICTED OF ANY CRIME, FELONY, MISDEMEANOR OR VIOLATION OF ANY MUNICIPAL ORDINANCE? _____
IF SO, GIVE DETAILS: _____

- 12) IF VEHICLE IS TO BE USED, OTHER THAN EMPLOYER/LICENSE APPLICANT, GIVE DESCRIPTION, LICENSE PLATE NUMBER AND DRIVERS LICENSE TO BE PHOTOCOPIED: _____

TWO (2) PHOTOGRAPHS OF EMPLOYEE, 2" X 2", TAKEN WITHIN 30 DAYS OF DATE OF APPLICATION. SUCH PHOTOGRAPHS SHALL SHOW THE HEAD, FULL FACE AND SHOULDERS OF APPLICANT. ONE PHOTOGRAPH SHALL BE ATTACHED TO APPLICATION AND ONE TO LICENSE.

SIGNATURE OF EMPLOYEE

DATE