Village of Medina New York Application for Transient Retail License

The application for the license shall include a statement verified by the person or persons who are to conduct such transient business and, if a corporation, by the president and treasurer thereof, containing the following information:

Business Name: _		
Representative/Applicant:		
Name: First Name	Middle Name	Last Name
Date of Birth: H	Home Address:	
Phone Number (Cell/Home):	-	
Corporation: Yes / No		
1. Name:		
2. Principal Office of Corpora	tion Address:	
3. Business Phone Number:	-	
*************	*************	**************
during the five years in	and nature of the business enginemediately preceding the filition organized less than five y	ng of such statement and, in
Location in Village where trans	sient business is intended to be	conducted? (Address)
Duration in the Village Selling	Product: From:	To:
Hours of Operation: From:	To:	
Details:		

Phone Number (Cell)	(Home)	
- Itoliki		
Address: Home:		
Date of Birth:		
Name: First Name	Middle Name	Last Name
Namas		
1. Employee working at this loc	ation:	
*************	*******************	********
Payment Plan: Yes / No If yes explain: _		
Cost of Merchandise Being Sold: _		
Manner of Payment for Merchandi 1. Cash 2. Credit 3	3. Check 4. Debit 5. Other:	
Mannay of Daymont for Marshand	ino	
Items for Sale or Order (Brief Desc	cription):	
The second of th	• • •	
A brief description of the firm an	d the kind of goods or commo desires to sell.	odities that the applicant
•••••	•••••	•••••
Sales Tax Number:		
The sales tax number issued to	the applicant by the New Yor Faxation and Finance.	k State Department of

Do you currently possess a valid dr submitted with this application.	iver's license? Yes / No If yes a copy	of your license needs to be
Credentials (driver's license, firm or corporation act as such representative must be presented at		do business, authorizing you to
Applicants may be required to be fingerprinted	d and photographed.	
Permits are good from 9:00 A.M. to 5: 00 P.M.	daily, except Sunday and Holidays, unless	by appointment.
2. Employee working at this loc	ation:	
Name:First Name	Middle Name	Last Name
Date of Birth:		
Address: Home:		
Phone Number: (Cell)	(Home)	
Have you ever been convicted of a ves explain (date, location, crime, disposition of		
Do you currently possess a valid dr submitted with this application.	iver's license? Yes/No If yes a copy	of your license needs to be
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3. Employee working at this loc	ation:	
Name:		
rirst Name	Middle Name	Last Name

Date of Birth:		
Address: Home:		
Phone Number: (Cell)	(Home)	
Have you ever been convicted of a very yes explain (date, location, crime, disposition of		
Do you currently possess a valid draubmitted with this application.	iver's license? Yes/No If yes a copy	of your license needs to be
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Applicants may be required to be fingerprinted	l and photographed.	
Permits are good from 9:00 A.M. to 5: 00 P.M.	daily, except Sunday and Holidays, unless	by appointment.
4. Employee working at this loc	cation:	
Name: First Name	Middle Name	Last Name
Date of Birth:		
Address: Home:		
Phone Number: (Cell)	(Home)	
Have you ever been convicted of a very yes explain (date, location, crime, disposition of		

Do you currently possess a valid driver's license? Yes / No If yes a copy of your license needs to be submitted with this application.

Credentials (driver's license, firm or corporation paperwork) for which your purpose to do business, authorizing you to act as such representative must be presented at the time of this application.

Applicants may be required to be fingerprinted and photographed.

Permits are good from 9:00 A.M. to 5: 00 P.M. daily, except Sunday and Holidays, unless by appointment.

5. Employee working at this	location:	
Name: First Name		
First Name	Middle Name	Last Name
Date of Birth:	_	
Address: Home:		
Phone Number: (Cell)	(Home)	
	of a violation and/or crime (misdementation of the case):	
Do you currently possess a valid submitted with this application.	d driver's license? Yes/No If yes a copy of	of your license needs to be
Credentials (driver's license, firm or corp act as such representative must be present	oration paperwork) for which your purpose to d ted at the time of this application.	o business, authorizing you to
Applicants may be required to be fingerpa	rinted and photographed.	
Permits are good from 9:00 A.M. to 5: 00	P.M. daily, except Sunday and Holidays, unless l	by appointment.
6. Employee working at this	location:	
Name: First Name	Middle Name	Last Name
Date of Birth:	_	
Address: Home:		
Phone Number: (Cell)	(Home)	

Have you ever been convicted of a violation and/or crime (misdemeanor/felo yes explain (date, location, crime, disposition of the case):	ny)? Yes/No If
Do you currently possess a valid driver's license? Yes/No If yes a copy of your licensubmitted with this application.	se needs to be
Credentials (driver's license, firm or corporation paperwork) for which your purpose to do business, a act as such representative must be presented at the time of this application.	authorizing you to
Applicants may be required to be fingerprinted and photographed.	
Permits are good from 9:00 A.M. to 5: 00 P.M. daily, except Sunday and Holidays, unless by appoint	nent.
Application Number:	
Application Expiration Date:	
Amount Paid:	
Approved By:Chief of Police	_
Approved By:	_