



**CITY OF CORTLAND
OFFICE OF CITY CLERK**

25 Court Street, Cortland, New York 13045
PHONE (607) 756-6521 * FAX (607) 756-4644

VENDOR'S LICENSE APPLICATION

NAME: _____

ADDRESS: _____

BUSINESS ADDRESS: _____

PHONE: HOME: _____ BUSINESS: _____

TYPE OF BUSINESS: _____

LICENSE FEE: \$10.00 PER PERSON, PER MONTH, MINIMUM OF 2 MONTHS
PLUS \$2.00 FOR ID CARD (\$22.00 PER PERSON)

IDENTIFICATION CARD: COPY OF DRIVER'S LICENSE

NYS SALES TAX IDENTIFICATION NUMBER: (Copy of Certificate of Authority as Required by Law Department)

#: _____

INSURANCE REQUIREMENT: Naming the City of Cortland as additional insured.

RESTRICTIONS: MUST CARRY ID AT ALL TIMES,
MAY ONLY GO DOOR - TO DOOR BETWEEN THE HOURS OF 9:00 AM AND 7:00 PM

SIGNATURE

DATE

LICENSE APPROVED

DATE

DCJS RELEASE

I HEREBY CONSENT TO A RELEASE OF INFORMATION FROM LAW ENFORCEMENT AGENCIES, THE NEW YORK STATE DEPARTMENT OF CRIMINAL JUSTICE SERVICES, AND CHILD PROTECTIVE SERVICES FROM THE NEW YORK STATE DEPARTMENT OF SOCIAL SERVICES REGARDING ANY PRIOR CRIMINAL HISTORY, ARREST RECORD, OR CHILD PROTECTIVE SERVICES HISTORY. THIS AUTHORIZATION IS VALID FOR (90) DAYS FROM THE DATE OF THIS APPLICATION.

SIGNATURE: _____