



VILLAGE OF ANGOLA

41 Commercial Street • Angola, NY 14006

(716) 549-1126

(716) 549-1180

Fax: (716) 549-5130

www.villageofangola.org

TDD 1-800-662-1220

Application for Permit for Canvassers, Peddlers and Solicitors

Fee: \$50 per calendar year (ends December 31st) or \$5 per day

Assistant Fee: \$25 per calendar year (ends December 31st) or \$2.50 per day

[All Applicants and Assistants *must* fill out application, pass background check & fingerprinting]

I, (print name) _____, hereby apply for a permit to (circle one): Canvas / Peddle /

Solicit / Assist by (check one): _____ going from house to house _____ marked vehicle and selling from same

Make: _____ Model: _____

Color: _____ License Plate: _____

Address: _____ Phone: _____

Age: _____ Height: _____ Weight: _____ Eye color: _____

Term for which permit is desired (check one):

_____ Calendar year (ending December 31st) _____ Daily - List Dates: _____

-----Company Info-----

Is business conducted as an agent of another company? If yes, give name and address of company:

Name of Company: _____ Supervisor: _____

Address: _____ Phone: _____

-----Background / Criminal History-----

Have you ever been convicted of a crime? _____

If yes, where: _____ when: _____

For what offense: _____

-----Assistants Info-----

Anyone assisting you? _____ Name of Assistant: _____

-----Signature & Notary-----

State of New York, County of _____

On the _____ day of _____ in the year of _____, before _____

me, the undersigned notary, personally appeared _____, personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her capacity, and that by his/her signature on the instrument, the individual, or the person upon behalf of which the individual acted, executed the instrument.

Applicant Signature

Notary Public

-----Village of Angola Office Use Only-----

Permit Number: _____

Permit issued on this the _____ day of _____, _____ charging a fee of _____.

TOWN OF EVANS POLICE DEPARTMENT

8787 Erie Road, Angola, NY 14006

716-549-3600 FAX716-549-6089

AUTHORIZATION FOR CRIMINAL/DMV RECORD CHECK

State of New York
County of Erie
Town of Evans

Date: _____

I, _____, do hereby authorize the Town of Evans Police Department
 First Middle Last (Maiden Name)
to check and receive any information regarding my criminal record and sex offender registry, if any, and
that relates to my driver's license or operating record including disciplinary measures, to include but not
be limited to any and all records furnished by the New York State Department of Motor Vehicles.

Signature

Driver's License #

Current Address

Issued Date

Expiration Date

Date of Birth

Phone Number

Witness Name Printed

Witness Signature