



CITY OF WATERTOWN, NEW YORK

OFFICE OF CITY CLERK

CITY HALL, ROOM 101

245 WASHINGTON STREET

WATERTOWN, NEW YORK 13601-3387

(315) 785-7780 Fax (315) 785-7796

Ann M. Saunders  
City Clerk/City Historian

**Vending on Public Streets License Application**

**Instructions:**

1. Complete application form.
2. If vending food, a valid NYS Dept of Health Permit must be in place.
3. Return the Application Form and a copy of DOH permit (if applicable) to the City Clerk's Office, 245 Washington Street, Watertown, NY 13601.
4. The License covers May 1<sup>st</sup> through April 30<sup>th</sup> of the following year.
5. Once the application is approved by the City Manager, payment will be due prior to the issuance of the license
6. Annual fee - \$100.00 (*Fees for Licenses requested between November 1<sup>st</sup> and April 30<sup>th</sup> of the following year will be half the rate*)

Name of Applicant: \_\_\_\_\_

Phone #: \_\_\_\_\_ Sales Tax #: \_\_\_\_\_

If Corporation, name of Manager or Agent: \_\_\_\_\_

Address of Applicant: \_\_\_\_\_

Type of Vending: \_\_\_\_\_

Location where vending will be conducted: \_\_\_\_\_

Days and Hours of Operation: \_\_\_\_\_

If previous experience of applicant with similar work, where: \_\_\_\_\_

In signing this application, I herewith agree to abide by all the Ordinances or Regulations relating to the license desired and I understand that failure to abide by the same is just cause for the revocation of license.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Vending in Public Streets License: Approved \_\_\_ Denied \_\_\_ Restrictions \_\_\_\_\_

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_