

VILLAGE OF ORCHARD PARK
APPLICATION FOR PERMIT TO SOLICIT

NAME _____ PHONE # _____

ADDRESS _____

DATE OF BIRTH _____ HEIGHT _____ WEIGHT _____ SEX _____ SOC. SEC. # _____

HAIR COLOR _____ EYE COLOR _____ DRIVERS LICENSE. # _____

NATURE OF BUSINESS _____

METHOD OF DISTRIBUTION _____

NAME OF EMPLOYER _____ PHONE # _____

ADDRESS OF EMPLOYER _____

YEAR/MAKE/COLOR OF VEHICLE _____ PLATE # _____

HAVE YOU EVER BEEN CONVICTED OF ANY CRIME, MISDEMEANOR OR VIOLATION OF ANY ORDINANCE?

YES _____ NO _____

IF YES, GIVE NATURE OF OFFENSE, DATE OF CONVICTION, PENALTY ASSIGNED AND NAME AND ADDRESS OF

COURT _____

DECLARATION:

I have read the attached chapter of the Village of Orchard Park Municipal Code explaining the procedure and information necessary for the Licensing Officer to act on this application. I full understand and will comply with all aspects of this chapter.

Signature

Date

Review date of Police Department _____

Approval date of the Licensing Officer _____

Duration of Permit _____

Fee Paid _____ Surety Bond _____

Licensing Officer

TRUSTEES
Deputy Mayor Matthew J. Hartung
Francis T. Hogenkamp

ADMINISTRATOR
CLERK-TREASURER
Mary Beth Jensen

DEPUTY CLERK-TREASURER
Kelly Stressinger

DIRECTOR OF PUBLIC WORKS
Michael P. Murphy



www.orchardparkvillage.org

JO ANN LITWIN CLINTON, Mayor

TRUSTEES
Jonathan E. McNatty
Shannon S. Fuhrman

CODE ENFORCEMENT OFFICER
John J. Gullo

VILLAGE ATTORNEY
Philip M. Marshall

VILLAGE JUSTICE
Daniel B. Kane

Date: _____

Your signature on this release confirms your approval of the Orchard Park Police checking your criminal and driving record as a condition precedent to canvassing, soliciting or peddling in the Village of Orchard Park.

(Signature)

Name: _____

Address: _____

Social Security No. _____

Date of Birth _____

Driver's License No. _____