



THIRTY (30) DAY STREET-FAIR VENDING PERMIT APPLICATION

PLEASE PRINT

PART 1

Last Name		First Name	M. I.
Home Address (Number, Street and Apartment Number, if any)			
City and State			Zip Code
Home Telephone Number ()		Social Security Number (SSN) REQUIRED [][][] - [][][]	
Are you a U.S. Citizen? <input type="checkbox"/> YES <input type="checkbox"/> NO If "NO," you need to submit proof of authorization to work in the U.S. (either an Alien Registration Card or I-94 Card with an authorization to work approval).		New York State Sales Tax Identification Number This is the number on your New York State Department of Taxation and Finance Certificate of Authority for show and retail vendors. [][][][][][][][][][] - [][] MAY HAVE 9, 10 OR 11 DIGITS	
Date of Birth MONTH DAY YEAR	Your Height	Weight	Eye Color

PART 2

On what day would you like your thirty (30) day permit to begin? [] [] []
MONTH DAY YEAR

List below all of the street fairs at which you plan to vend within the thirty (30) day period to be covered by this permit.

Have you obtained permission to vend at all of the street fairs listed above? YES NO

What type(s) of goods will you be selling at these street fairs? _____

PART 3

Are you a New York City Resident? YES NO

If "NO," you must provide below the name and address of someone who is a New York City Resident upon whom process or other notification may be served. Note that you may designate the Commissioner of the Department of Consumer Affairs for this purpose if you wish.

I designate the following person upon whom process or other notification may be served:

Last Name	First Name	M. I.
Home Address (Number, Street and Apartment Number, if any)		
City and State		Zip Code

Check here if you would like to designate the Commissioner of the Department of Consumer Affairs

PART 4

IF YOU ANSWER "YES" TO ANY OF THE QUESTIONS BELOW, SUBMIT A SIGNED EXPLANATION AND ATTACH ALL RELEVANT DOCUMENTS

- 1. Have you ever or do you now:
 - a. hold a Department of Consumer Affairs license; been financially connected with any individual or entity currently or previously licensed; or been a relative (by blood or marriage) of any individual who is or was currently or previously licensed or who is or was an officer, shareholder or partner of an entity licensed by the Department of Consumer Affairs? YES NO
 - b. had any type of Department of Consumer Affairs license denied, suspended or revoked? YES NO
If yes, give license number(s). _____
 - c1. been convicted of a crime, offense or violation against the law? You must include convictions following an arrest even if you paid a fine or served community service or probation. You may omit offenses, however, which resulted in a finding of juvenile delinquency, youthful offender, wayward minor or person in need of supervision. YES NO
 - c2. have any charges of any type currently pending against you? YES NO
 - d. received a Department of Consumer Affairs notice of violation, notice of hearing, summons or padlock order which is currently pending or which resulted in a fine, penalty or closing order that is still pending? YES NO
 - 2a. Has anyone obtained a court judgement against you for activities for which a license is required? YES NO
 - b. have any of these been outstanding for thirty (30) or more days and are not yet paid in full? YES NO

NOTE A conviction will not necessarily prevent you from being granted a license; factors such as type and severity of offense, amount of time that has passed since the conviction and your age at the time of conviction will be considered. However, failure to reveal a conviction can itself constitute grounds for the denial of your application.

PART 5

I acknowledge receipt of a copy of the laws and regulations relating to a Thirty (30) Day Street Fair Vending permit. In consideration of being granted a Thirty (30) Day Street Fair Vending permit, I agree to comply with the rules and regulations of the Department of Consumer Affairs that are now in force or that may in the future be promulgated. I further agree to notify the Department of Consumer Affairs immediately of any change in my home address.

PENALTY FOR FALSIFICATION: Falsification of any statement made herein, or submitted in any other form in connection with this application, is an offense punishable by a fine or imprisonment (NYC Administrative Code Section 10-154).

Applicant's Signature _____ Print Full Name _____ Date _____

IF YOU ARE NOT REGISTERED TO VOTE, WOULD YOU LIKE TO REGISTER HERE TODAY? YES NO

APPLYING OR DECLINING TO APPLY TO REGISTER TO VOTE WILL NOT AFFECT THE AMOUNT OF ASSISTANCE THAT YOU WILL BE PROVIDED BY THIS AGENCY. IF YOU WOULD LIKE HELP IN FILLING OUT THE VOTER REGISTRATION APPLICATION, WE WILL HELP YOU.

FOR OFFICE USE ONLY - DO NOT WRITE BELOW THIS LINE

Licensing Center Counter Personnel: _____

Document Number: _____ Date: _____

NOTE: COMPLETE THE FORM BELOW ONLY IF SOMEONE OTHER THAN THE OWNER, A PARTNER OR CORPORATE OFFICE WILL BE FILING YOUR LICENSE APPLICATION

AFFIDAVIT GRANTING AUTHORITY TO ACT

State of New York)

SS.

County of _____)

_____ being duly sworn, deposes and says:
(Print Name)

1. I am the _____
(State relationship to business)

of _____
(State complete name of business as it appears on a Certificate of Incorporation, Partnership Certificate or Business Certificate and attach a photocopy of this document. If you are a sole proprietor doing business under your own name, no attachment is required.)

which is located at: _____
Street Address, City, State and Zip Code

and with the following telephone number: (____) _____

2. I hereby authorize _____
(State full name of designated representative)

of _____
(State complete name of business, if any, as it appears on a Certificate of Incorporation, Partnership Certificate or Business Certificate and attach a photocopy of this document. If the representative is a sole proprietor doing business under his or her own name, no attachment is required.)

which maintain(s) an office/resides at: _____
Street Address, City, State and Zip Code

with telephone number of (____) _____ to represent me before the Department of Consumer Affairs (hereinafter,

"the Department") in regard to the preparation and submission of my application for a _____ license.

3. I understand that I will be legally bound by the representation made in said application and will be held responsible by the Department for any inaccuracies or misrepresentations.

4. I understand that I can revoke this Authority to Act by appearing in person at the Department prior to the date of submission of my license application or by notifying the Department's Director of Licensing in writing of my withdrawal of authorization at 42 Broadway, 5th floor; New York, New York 10004.

Sworn to me this _____ Day of _____, 19____

Signature

Notary Public

Print Name