

TERM OF LICENSE

EXPIRES: _____

**TOWN OF WARRENSBURG
OFFICE OF THE TOWN CLERK**

DO NOT WRITE IN THIS SPACE

LICENSE NO.: _____

DATE: _____

FEE PAID \$ _____

APPLICATION FOR LICENSE AS A TRANSIENT MERCHANT

ANSWERS TO ALL QUESTIONS MUST BE ACCURATE AND COMPLETE

CHECK BOX TO INDICATE TYPE OF OWNERSHIP

☐ Corporation☐ Co-partnership☐ Individual Owner

Name of Business _____

Business Address Street _____

Town or Village _____ State _____ Zip _____ Business Phone No.: _____

Trade/Assumed or Display Name _____

Name of Applicant (Last, First, Middle) _____

Home Address Street _____

Town or Village _____ State _____ Zip _____ Phone No.: _____

Owner of Land: _____ Address: _____

Location: _____, Warrensburg, NY Tax Parcel #: _____

Partnership: ☐ Yes ☒ No

If Yes, list name and address of each Partner:

Name: _____ Address: _____

Name: _____ Address: _____

Corporation: ☒ Yes ☐ No

If Yes, list name, title and address of any officer of the corporation or a designated agent of service upon whom process or other legal notice may be served.

Name: _____ Address: _____

Corporate Title: _____

Name: _____ Address: _____

Corporate Title: _____

ALL EMPLOYEES of a Transient Merchant who deal with the public and have authority to estimate, negotiate and finalize all contractual agreements must be listed.

NAME	RESIDENCE ADDRESS	DESCRIPTION OF DUTIES

N.Y.S. SALES TAX AUTHORIZATION NUMBER: _____

A-FRAME SIGN: _____

ADDITIONAL SIGN-BANNER: _____

YOU ARE REQUIRED TO NOTIFY THIS OFFICE IMMEDIATELY OF ANY CHANGE (S) IN THE INFORMATION SUPPLIED BY YOU ON THIS APPLICATION.

NOTE: False statements made herein are punishable by a Class A misdemeanor pursuant to Section 210.45 of the Penal Law.

State of New York
County of Warren ss.:

Sworn to before me this

X _____

day of

Applicant Signature

20 _____

NOTARY PUBLIC