



Office of the City Clerk
City Hall - Room 202
Albany, NY 12207
Phone (518) 434-5090 Fax (518) 434-5081

Kathy M. Sheehan
Mayor

Danielle Gillespie
City Clerk

APPLICATION FOR A HANDBILL LICENSE

Fee Paid: \$ _____

Name of Applicant: _____

Home Address: _____

City: _____ State: _____ Zip _____

Business Address: _____

City: _____ State: _____ Zip _____

Home Phone: _____ Business Phone: _____

Date of Birth: _____ Place of Birth: _____

Social Security Number: _____ Weight: _____ Height: _____

Color of Eyes: _____ Color of Hair: _____

Do you intend to distribute handbills in public places in the City of Albany, from door to door or both? _____

Are you a self-employed vendor? Yes No

If not self-employed by whom are you employed? _____

If self-employed or in a partnership, provide the name of business _____

Do you have credentials authorizing you to act as a representative or employee of
another _____

If so enter the nature and extent of the authority and the name of the authority and the name and address of the person or corporation giving the credentials. (Credentials to be exhibited to the City Clerk)

Has a Handbill license issued to you, ever been revoked or denied, in this City or elsewhere in the past five years? Yes No If so, state when & where: _____

Have you ever been arrested or convicted of any crime or misdemeanor? Yes No

If so, state when & where and the nature of Crime: _____

State what type of handbill you will be distributing _____

State the period of time you wish to distribute handbills:

- One week or less \$25 One week to three months \$50 3mos to 6mos. \$75
 6 mos. to 9 mos. \$115 9 mos. to a year \$150

State the punishment or penalty if pending or undisposed: _____

Are you currently or have you ever been on parole or probation? Yes No

If you have been on parole or probation state when, where and by what agency: _____
_____ (check one) Federal State County

Have you ever been known by any other name other than the one given on this application? Yes No If yes, please provide the name: _____

State of New York
City and Count of Albany

_____ being duly sworn, deposes and says that he/she is the person signing the forgoing application for a vender's license and that the answers given to the questions above are true in all respects and particulars and are made for the purpose of obtaining the issuance of said license.

*Sworn before me this _____ Day
of _____ 20*

Signature of Applicant

Date of Application

Commissioner of deed or Notary Public

Application (approved) (denied) and license (issued) (not issued) License no. _____

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