



**Kathy M. Sheehan**  
Mayor

**Office of the City Clerk**  
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**Gerald E. Campbell, Jr.**  
City Clerk

**Name of Event:** \_\_\_\_\_

**Fee Paid: \$25.00**

### **PARADE VENDOR PERMIT**

Applicant's Name: \_\_\_\_\_

Home Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Business Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Product Vending:    Flowers     Balloons     Souvenirs

**Attach an inclusive list of what you will vend.**

*You may only vend what you have described on this application.*

Are you self-employed?    Yes     No     If no, please give the name, address, and phone number of your employer. Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Are you in partnership with anyone?    Yes     No     If yes, please give name, address, and phone number of the individual or corporation.

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone#: \_\_\_\_\_

Do you have credentials authorizing you to act as a representative of another?

Yes     No     If yes, please attach a separate sheet of paper to explain including name, address, and phone number of person or corporation you are representing.

Do you have any financial or property interest in any other vending operation, which is also applying for a vending permit? Yes  No  If yes, please attach separate sheet of paper to explain including name, address, and phone number of the person or corporation you have interest with.

Have you ever been known by another name other than the one used for this application? Yes  No  If so, what name? \_\_\_\_\_

Has a vendor license been revoked or denied by any other municipality in the past five (5) years? Yes  No  If yes, explain: \_\_\_\_\_

Have you ever been convicted of a crime or misdemeanor? Yes  No  If yes, indicate where, date, and nature of the crime. \_\_\_\_\_

Have you ever been fingerprinted? Yes  No  If yes, where, when, and by what agency. \_\_\_\_\_

***I verify that all the answers and information given freely by me on this application are true and accurate in all aspects and particulars, and are made solely for the purpose of obtaining the issuance of a vendor's permit. I understand that this permit allows only me to vend in the space that I am assigned by the City of Albany and that I have no rights of ownership on this space or the ability to transfer this space to anyone else. I understand that upon discovery, any inaccurate or misleading information may cause me to forfeit the license. I hereby indemnify the City of Albany and hold it harmless for all loss, damage or injury to person or property as a result of any activity connected with the issuance of this vending permit.***

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Sworn before me this \_\_\_\_\_ day  
of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Commissioner of Deeds/Notary Public