



Office of the City Clerk

Date Filed:

License No:

City Hall, 38 Hawley Street, Binghamton, NY 13901 607-772-7005

PUSHCART PERMIT APPLICATION

All pushcart vendors in the City of Binghamton must acquire a peddler license in order to operate. The fee for a pushcart permit is \$50, payable at the time of permit issuance. A pushcart vendor will be allowed to utilize one table, with a maximum of four chairs at this table, at each pushcart location, and shall pay a fee of \$25 per table to the Office of the City Clerk prior to use.

Applicant Information

Name of Applicant: _____

Address: _____

Phone (Home/Work/Cell): _____

Date of Birth: _____ Age: _____

Peddler License Number: _____

Additional Information

Do you intend on using tables and chairs? Yes No

If the answer to the above question is 'Yes', describe how many shall be used: _____

Do you intend on retaining employees? Yes No

If the answer to the above question is 'Yes', please provide the following information for all persons to be employed in your business:

Name of Employee: _____

Address: _____

Phone (Home/Work/Cell): _____

Date of Birth: _____ Age: _____

Name of Employee: _____

Address: _____

Phone (Home/Work/Cell): _____

Date of Birth: _____ Age: _____



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Required Attachments

Peddler License/Application: Attached Not Attached

Broome County Health Department Permit: Attached Not Attached

Public Liability Policy or Protective Liability Policy, indemnifying the City of Binghamton from any and all claims or causes of action arising out of the activity permitted, naming the City of Binghamton as additionally insured in the amount of \$1,000,000.00 on a primary non-contributory basis:

Attached Not Attached

Terms and Conditions

I do hereby acknowledge that I have received a copy of § 307, Article III, *Stationary Pushcart Vendors*, of the Code of the City of Binghamton, and agree to comply with all regulations set forth therein.

Applicant Signature

Date

Approval of Application

Police Department:

City of Binghamton Criminal Records Check Completed: Yes No

Signature: _____ Date: _____

Corporation Counsel: Yes No

Signature: _____ Date: _____

City Clerk: Yes No

Signature: _____ Date: _____