



CITY OF BUFFALO

PERMIT & INSPECTION SERVICES

OFFICE OF LICENSES



BYRON W. BROWN
Mayor

JAMES COMERFORD, JR
Commissioner

INSTRUCTIONS FOR STATIONARY PEDDLER LICENSE

1. **PROOF OF OWNERSHIP OF PROPERTY** for proposed peddling location or a notarized consent letter signed by the property owner.
2. **Department of Permits & Zoning** to verify if location has proper zoning code **ROOM 301 or 851-1667 or 851-4926**
3. **COPY OF GOVERNMENT ISSUED PHOTO ID** (i.e., Driver's License)
4. **COMPLETE THE ATTACHED APPLICATION**
5. **COPY OF NY STATE TAX ID CERTIFICATE**
Apply online at www.opal.gov For assistance, call 518-485-2889.
6. **PROOF OF HEALTH DEPARTMENT PERMIT** if selling food.
503 Kensington BB; 961-6805
7. **If a conveyance (ex: ice cream truck) include a PHOTO of truck, insurance, registration.**

RESTRICTIONS for STATIONARY PEDDLER

1. **NO PEDDLING/VENDING** in the **special downtown district** *or* an area designated as restricted.
2. **NO PEDDLING/VENDING** in or near **city parks, playgrounds, schools, city markets** *or* **commercial business districts**.
3. **NO STATIONARY PEDDLING/VENDING IN CITY RIGHT OF WAY.**
4. **PEDDLING/VENDING HOURS OF OPERATION:**
Monday through Saturday – 7:00AM – 7:00 PM.
NO peddling is allowed on SUNDAYS

Office of Licenses
65 Niagara Square / 301 City Hall
Buffalo, NY 14202-3303
(716) 851-4078 / (716) 851-6583 FAX: (716) 851-4952

Office of Licenses

65 Niagara Square 301 City Hall, Buffalo, NY 14202
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STATIONARY PEDDLER LICENSE APPLICATION

(On Private Commercial Property **ONLY**) In compliance with City Ordinance Chapter 316

EXPIRATION DATE: April 30th

Applicant Name _____ **Date** _____
Phone _____

Applicant Address _____
street city state zip

State Tax ID # _____

Date of Birth _____ **Place of Birth** _____ **Age** _____

U.S. Citizen Yes No **Date of Naturalization** _____

Have you ever been convicted of a crime? Yes No
If yes, give details of the disposition of each conviction:

Address where you would like to sell _____

Items to be peddled _____

Type of conveyance to be used: (ex: cart, table, etc) _____

Proposed days & hours of operation: _____

Peddler license & Peddler Conveyance License Fee \$136.00

Applicant Signature

Subscribed and sworn before me this
_____ day of _____ 20 ____

Commissioner of Deeds in and for the City of Buffalo

**City of Buffalo Stationary Peddler License
Property Owner Affidavit**

Name: _____

Address: _____ Phone: _____

I hereby verify that I am the legal **owner of the property located at:**

_____ **Buffalo NY** _____
No. Street (Assessed Address)

I hereby acknowledge & give permission to peddle from **my private property to:**

Peddler's name _____ to sell his/her goods, wares and/or merchandise at the property as described above.

I am aware that all peddling must be conducted on my private property from:

Peddling Location: example, Side lot, Rear Yard. No license shall be permitted in any parking lot to be used by any vendor unless conducted in a permanent building that complies with the building ordinances.

By signing this affidavit, I hereby release the City of Buffalo from all responsibility & liabilities concerning the actions of the above named individual when peddling from this property.

Property Owner Signature

Print Name

Date

Sworn to before me this

_____ day of _____ 20____

Notary of the Public