INSTRUCTIONS FOR MOBILE PEDDLER LICENSE

1. COPY OF GOVERNMENT ISSUED PHOTO ID (i.e., Driver’s License)
2. COMPLETE THE ATTACHED APPLICATION
3. COPY OF NY STATE TAX ID CERTIFICATE
   Apply online at www.opal.gov For assistance, call 518-485-2889.
4. PROOF OF HEALTH DEPARTMENT PERMIT if selling food.
   503 Kensington BB; 961-6805
5. If a conveyance (ex: ice cream truck, bike, cart etc.) include a PHOTO of conveyance, insurance, registration.
6. Police Background Check (74 Franklin Buffalo Police Headquarters)

RESTRICTIONS for a MOBILE

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

ADDITIONAL RESTRICTIONS FOR A MOBILE PEDDLER

- NO TABLES, CARTS OR OTHER CONVEYANCES ALLOWED.
- MERCHANDISE MUST BE CARRIED ON PERSON/CONVEYANCE.
- PEDDLER MUST BE MOVING AT ALL TIMES.
MOBILE PEDDLER LICENSE APPLICATION
In compliance with City Ordinance Chapter 316

FEE: $75.00 With Conveyance $148.00
EXPIRATION DATE: April 30th

Date ____________________

Applicant Name ____________________________________________
Phone____________________

Applicant Address ____________________________________________
street city state zip

Business Name ____________________________________________

Business Address ____________________________________________

State Tax ID # __________

Date of Birth ___________ Place of Birth ________________________ Age ________

U.S. Citizen ☐ Yes ☐ No Date of Naturalization ____________________

Items to be peddled: ____________________________________________

Type of Conveyance: ____________________________________________

NO tables, carts or other conveyances allowed. Merchandise MUST be carried on person.
Peddler must be moving at ALL times

_____________________________________________________________
Applicant Signature

Date ____________________

Subscribed and sworn before me this
_______ day of _________________ 20 ___

_____________________________________________________________
Commissioner of Deeds in and for the City of Buffalo