



## 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](http://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 / FAX: (716) 851-4952

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65 Niagara Square 301 City Hall, Buffalo, NY 14202  
(716) 851-4078 FAX (716) 851-4952 [www.city-buffalo.com](http://www.city-buffalo.com)

**STATIONARY PEDDLER LICENSE APPLICATION**

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

**EXPIRATION DATE:** April 30<sup>th</sup>

Date \_\_\_\_\_

**Applicant Name** \_\_\_\_\_

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:

**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