

**Village of Hammondsport
18 Water Street
Hammondsport, NY 14840
(607) 569-3700
FAX: (607) 569-3404**

SOLICITING PERMIT APPLICATION

Date: _____

APPLICANT:

Name: _____

Address: _____

Phone: _____

BUSINESS:

Name: _____

Address: _____

Phone: _____

Brief description of goods or services to be provided:

Location where applicant intends to do business:

Description of vehicle to be utilized and copy of the registration:

Requested term of this permit:

Date: _____

Date: _____

Date: _____

Date: _____

Date: _____

NOTE: Fee: \$10.00 per day

Approved: _____

Date: _____

Permit # _____