

Office of The City Clerk  
 City of Schenectady  
 New York  
 Samanta R. Mykoo- City Clerk



Room 107 - City Hall  
 Tel. # 518-382-5089  
 Fax # 518-382-0030

Application for Transient Merchant Permit	
	Date: / /
Company Name:	
Company Address:	
Applicant Name:	Telephone:
	Cell Phone:
Address:	
City:	State:                      Zip:
Social Security Number:                      -                      -	Birth Date: / /
Dates/ Months to Conduct Business:	
Merchandise to be Sold:	Number of Food Vendors
Location/Address:	
Drivers License Number:	Expiration Date: / /
Signature of Applicant:	
Fees: with or without vendors <input type="checkbox"/> 1 Day (Transient Service) \$25 @ Day <input type="checkbox"/> 1 Week \$100.00 <input type="checkbox"/> 1 Month \$200.00 <input type="checkbox"/> 6 Months \$400.00 <input type="checkbox"/> 1 Year \$500.00	Fees: Short gatherings 1 week or less (1/2 price for charitable or not for profit organizations) Number of Vendors: <input type="checkbox"/> 1-10 \$100.00 <input type="checkbox"/> 11-20 \$200 <input type="checkbox"/> 11-20 \$200 <input type="checkbox"/> 21-30 \$300.00 <input type="checkbox"/> 31-40 \$400 <input type="checkbox"/> 41 or more \$500
Insurance Requirements 1. \$1,000,000.00 coverage for personal injury or wrongful death, per person and 2. \$1,000,000.00 dollars coverage per accident and 3. \$250,000 for property damage per accident with an aggregate no less than \$500,000 4. The City of Schenectady must be named as additional insured.	