Fee: \$235.00	Application date(s):			
Name:	Middle Name	Last Name	Birth date:	Age:
		treet Address Phone:		
^{City} If less than 2 years at current addr				County
Street Address		Citv		Zip County
U.S. Citizen? Yes No			y #:	
Have you ever been convicted of a	a misdemeanor	or felony?	Yes 🗌 No 🗌	I
If yes, give details:				
Business, trade or occupation for v				
Business Name:				
Business Address:	Street Address		City	State Zip
Number and kind of vehicle(s) use	d in carrying ou	t the business	for which the license nu	mber(s) is requested
Upon whom should a legal notice I	be served if nec	essary:		
• •••• · · · · · ·			Name	Phone
 Conditions to be met before issuents Passport sized photo of applicant As per Section 57 of the NYS Woor GSI-105.2 form must be suppled If selling food, a copy of Monroe If selling food, applicant must rem If selling food, will propane be us 	t and any assista orker's Compensa lied. Yes County Health De nove all debris fro sed? Yes will abide by all or	ation Law, proof No epartment appro m area. No	of Worker's Compensatior	e Town Clerk.
in the Town of Pittsford Code of Ord	inances.			
			Applicant Signature	

NOTORIZATION

Notary Republic

_____ day of _____, 20_____