



Gerald D. Jennings
Mayor

Office of the City Clerk
City Hall - Room 202
Albany, New York 12207
Phone (518) 434-5090 Fax (518) 434-5081

John C. Marsolais
City Clerk

APPLICATION FOR HANDBILL DISTRIBUTION LICENSE

Please State the period of time you wish to distribute handbills:

ONE WEEK OR LESS: \$25

ONE WEEK TO THREE (3) MONTHS: \$50

THREE (3) MONTHS TO SIX (6) MONTHS: \$75

SIX (6) MONTHS TO NINE (9) MONTHS: \$115

NINE (9) MONTHS TO A YEAR: \$150

Name of Applicant: _____

Home Address: _____

City: _____ State: _____ Zip _____

Business Address: _____

City: _____ State: _____ Zip _____

Home Phone: _____ Business Phone: _____

Date of Birth: _____ Place of Birth: _____

Social Security Number: _____ Weight: _____ Height: _____

Color of Eyes: Color of Hair: _____

Where do you intend to distribute handbills?

✓ Public places in the City of Albany:

✓ From door to door:

✓ Both:

Are you self-employed? Yes No

Name of business: _____

If not self-employed, by whom are you employed? _____

If a partnership, please give name(s) and address(s) of partners: _____

If a corporation, please give name(s) and address(s) of principal officers: _____

State what type of handbill you will be distributing _____

Has any license been issued, revoked or denied in this City or elsewhere this year of last year?
Yes No

If license was issued, state where and when: _____

If denied or revoked, state grounds for denial or revocation: _____

Have you ever been convicted of a crime? Yes No

State punishment or penalty or if pending: _____

Do you have credentials authorizing you to act as a representative or employee of another?
Yes No

If so, enter the nature and extent of the authority: _____

The name of the authority and the name and address of the person or corporation giving the credentials. (Credentials to be exhibited to the City Clerk) _____

Have you been known by any name other than the Name given above? _____

Applicant's Signature

Date

State of New York
City and County of Albany

_____ being duly sworn, deposes and says that he/she is the person signing the forgoing application for a venter's license and that the answers given to the questions above are true in all respects and particulars and are made for the purpose of obtaining the issuance of said license.

Sworn to me before this _____ day of _____ 20__

Commissioner of Deeds/Notary Public

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ACTION BY CITY CLERK

Application: Approved NOT Approved License #: _____

City Clerk