



OFFICE OF THE CITY CLERK

Rome City Hall, 198 N. Washington St.

Rome, New York 13440-5815

Louise S. Glasso, CMC • Rome City Clerk, Registrar

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APPLICATION FOR PEDDLER, TRANSIENT MERCHANTS AND SOLICITOR

PLEASE PRINT OR TYPE. Answer all questions completely.

If a question is not pertinent, write N/A in the accompanying space. Do not leave any question unanswered. Incomplete or unanswered questions shall result in a denial of the application. Falsification of answers in this application shall result in the revocation of the Peddler, Transient Merchant, Solicitor Permit and forfeiture of any fees or bond, and potential criminal prosecution.

This application for a Peddler, Transient Merchant, Solicitor Permit is made pursuant to the provisions of Chapter 18, Article VI of the Rome Code of Ordinances.

Initial application fee of \$50.00 (non-refundable) due when application is turned into the City Clerk's Office for processing – CASH OR MONEY ORDER ONLY. (Applications will not be accepted for processing without application fee.)

I. INDIVIDUAL BACKGROUND

Name of Applicant: (also Maiden name): _____

Permanent Address: _____

Permanent Phone Number: () _____ Cell: () _____

Place & Date of Birth: _____ Age _____

Social Security Number: _____ - _____ - _____ Male: ____ Female: ____

Do you possess a current **valid** driver's license? No ____ Yes ____ State Issued: _____

Driver's License I. D. Number: _____

Do you own or have use of a motor vehicle? YES ____ NO ____

Make & Year of Vehicle: _____ Color: _____ Model: _____

License Plate Number: _____ State Registered: _____

II. BUSINESS/ORGANIZATION – INFORMATION

Name of Business/Organization: _____

Address: _____

Business Phone Number : _____

Type of product or items to be sold: _____

Method of distribution of the goods, wares, services or foodstuffs: _____

Number of Years Business has been open or conducted: _____

Are you associated or affiliated with any business, company, religious, non-profit or other organization for the purpose of conducting your peddling in the City of Rome, N.Y.

YES _____ NO _____

Officer or Representative to whom you are responsible:

Name: _____

Their Title: _____ Phone Number _____

Your Job Title: _____

If applicant intends to sell foodstuffs, include the following:

- Oneida County Health Department Certificate (Attach Copy)

Date Issued: _____ Date Expires: _____

- New York State Tax Certificate Information: (Attach Copy)

Date Expires: _____ Certificate Number: _____

If tax exempt status applies to your Organization:

- Tax Exempt Number: _____

Please attach copies of any brochures, pamphlets, material and legal documents that you may use as part of your business/sales.

III: REFERENCES

A. List the location and addresses where you have conducted business over the past six months (specify dates for each)

B. List three (3) character references (not relatives) that have known you for a period of at least one year:

Name: _____
Address: _____
Home phone: _____ Business phone: _____
Occupation: _____
Nature of acquaintance: _____

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Address: _____
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Name: _____
Address: _____
Home phone: _____ Business phone: _____
Occupation: _____
Nature of acquaintance: _____

NOTE: The City of Rome, New York reserves the right to check any and all references that may reflect on your character and business practices. The office of the City Clerk shall not issue a Peddler, Transient Merchant, Solicitor Permit until such time as applicant’s background and character have been certified by the Rome Police Department.

Applicant shall allow for a period of up to five **(5)** business days to complete this task.

IV. INSURANCE COVERAGE

The City of Rome requires that applicant provide the City proof of insurance indemnifying the city from any and all claims arising out of the permitted activity and naming the city as an additional insured in the amount to be determined by the Corporation Counsel.

V. SIGNATURE

I certify under penalty of perjury that I have personally answered all the questions contained herein and that the information provided by me is true and complete to the best of my knowledge.

I have read the foregoing and understand that FALSE STATEMENTS MADE HEREIN ARE PUNISHABLE AS A CLASS "A" MISDEMEANOR PURSUANT TO SECTION 210. of the NEW YORK STATE PENAL LAW.

In the event of inclement weather, the permit fee will not be reduced, pro-rated or refunded.

Signature

Sworn to and subscribed before me this ____ day of _____, 20__

Notary Public /Commissioner of Deeds
Commission expires: _____

VI. POLICE DEPARTMENT VERIFICATION

Police Department Verification:

The credentials of the applicant(s), principal(s) and/or partner(s) of the business have been checked by the Rome Police Department-Detective Division, and based upon the information provided by said Division, the license is:

() Approved () Disapproved

The applicant was not approved for the following reason(s)

Name & Title

Date

VII. CITY CLERK LICENSE INFORMATION

One (1) Day Permit: \$ 50.00
Annual Permit (1st Cart): \$200.00
Each Additional (Cart): \$100.00

Fifty-dollar (\$50.00) Non-Refundable Application Fee Paid – Date: _____

Date Permit Approved: _____

Type of Permit: _____

Date Permit Paid: _____

Date Permit Issued: _____

Date Permit Expires: _____

Permit Number: _____

City Clerk Signature

Date

VIII. LIST OF EMPLOYEES

Attach a list of all employees' names, addresses, & phone numbers, if employee is to sell under this permit; otherwise only applicant is valid under this permit application.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____