



**OFFICE OF THE CITY CLERK**

Rome City Hall, 198 N. Washington Street  
Rome, New York 13440-5815  
Tel.: (315) 339-7659 Fax: (315) 838-1160  
www.romenewyork.com

**APPLICATION FOR PEDDLERS, TRANSIENT MERCHANTS AND SOLICITORS**

**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 license? Yes \_\_\_\_ No \_\_\_\_  
Driver License ID No.: \_\_\_\_\_ State Issued: \_\_\_\_\_  
Do you own or have use of a motor vehicle? Yes \_\_\_\_ No \_\_\_\_  
Make & Year of Vehicle: \_\_\_\_\_ Model: \_\_\_\_\_ Color: \_\_\_\_\_  
License Plate No.: \_\_\_\_\_ State Registered: \_\_\_\_\_

**II. BUSINESS/ORGANIZATION – INFORMATION**

Name of Business/Organization: \_\_\_\_\_  
Address: \_\_\_\_\_  
Business Phone No.: \_\_\_\_\_  
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, Ny?

Yes  No

**Officer or Representative to whom you are responsible:**

Name: \_\_\_\_\_  
Title: \_\_\_\_\_ Phone No.: \_\_\_\_\_

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: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home phone: \_\_\_\_\_ Business phone: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Nature of acquaintance: \_\_\_\_\_

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. 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. \_\_\_\_\_
13. \_\_\_\_\_
14. \_\_\_\_\_
15. \_\_\_\_\_
16. \_\_\_\_\_
17. \_\_\_\_\_
18. \_\_\_\_\_
19. \_\_\_\_\_
20. \_\_\_\_\_
21. \_\_\_\_\_
22. \_\_\_\_\_
23. \_\_\_\_\_
24. \_\_\_\_\_
25. \_\_\_\_\_
26. \_\_\_\_\_
27. \_\_\_\_\_
28. \_\_\_\_\_
29. \_\_\_\_\_
30. \_\_\_\_\_

