

the copper city

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

PEDDLER/TRANSIENT MERCHANT/SOLICITOR LICENSE APPLICATION

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 License is made pursuant to the provisions of Chapter 18, Article VI of the Rome Code of Ordinances.

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

INDIVIDUAL BACKGROUND

Name of Applicant (**also maiden name**): _____

Permanent Address: _____

Phone: _____ Email: _____

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: _____

BUSINESS/ORGANIZATION - INFORMATION

Name of Business/Organization: _____

Address: _____

Phone: _____ Email: _____

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

Your Job Title: _____

Officer or Representative to whom you are responsible:

Name: _____

Address: _____

Phone: _____ Email: _____

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.

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

REFERENCES

List three (3) character references **(not relatives or persons with the same employer)** that have known you for a period of at least one year:

Name: _____

Address: _____

Phone: _____ Email: _____

Occupation: _____

Nature of acquaintance: _____

Name: _____

Address: _____

Phone: _____ Email: _____

Occupation: _____

Nature of acquaintance: _____

Name: _____

Address: _____

Phone: _____ Email: _____

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 License 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 two (2) weeks to complete this task.

**IN THE EVENT OF INCLEMENT WEATHER, THE LICENSE FEE
WILL NOT BE REDUCED, PRO-RATED OR REFUNDED.**

INSURANCE COVERAGE AND OTHER APPLICATION REQUIREMENTS

The following items shall be required at the time of application submission:

1. A photocopy of a valid driver license for each applicant
2. New York State Tax ID Number (w/copy of Certificate of Authority) or Federal Tax ID Number (w/copy of EIN Certificate)
- If tax exempt, a copy of the appropriate Exempt Organization Certificate
3. Proof of Workers' Compensation & NYS Disability Insurance, or the CE-200 Exemption Form
4. General Liability Insurance for \$1 million per occurrence and a \$2 million general aggregate, **naming the City of Rome as an additional insured**
5. If selling food, a copy of the applicant's Oneida County Health Department Permit

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.

Signature

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

Notary Public /Commissioner of Deeds

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LIST OF EMPLOYEES

List every individual employee's name, address, & phone number below if employee is to sell under this license—**otherwise, only the applicant is valid under this license application.**

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____
- 6. _____
- 7. _____
- 8. _____
- 9. _____
- 10. _____
- 11. _____
- 12. _____
- 13. _____
- 14. _____
- 15. _____

FOR INTERNAL USE ONLY

ROME 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, and based upon the information provided, the license is:

- Approved** **Disapproved**

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

Signature	Title	Date
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CITY CLERK LICENSING INFORMATION

Permit Fees:

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

Date \$50 Fee Paid: _____

Type of License: _____

Total Amount Paid: _____

License No.: _____

Date License Issued: _____

Date License Expires: _____

City Clerk Signature

Date