



**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 submitted to the City Clerk’s Office for processing. CASH OR MONEY ORDER ONLY.**  
**Applications will not be accepted for processing without application fee.**

**INSURANCE COVERAGE AND OTHER APPLICATION REQUIREMENTS**

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

1. Photocopy of valid driver license or equivalent identification *for each applicant*
2. NYS 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. Workers’ Compensation & NYS Disability Insurance, or CE-200 exemption form
4. General Liability Insurance ***naming the City of Rome as additional insured***
  - (*coverage for \$1 million per occurrence and a \$2 million general aggregate*)
5. Oneida County Health Department Permit & (*if selling foodstuffs*).
6. If using a vehicle, proof of automobile insurance and registration.
7. If your vehicle contains food preparation equipment, copy of Rome F.D. permit.

**INDIVIDUAL BACKGROUND**

Name of Applicant: (also Maiden name): \_\_\_\_\_

Permanent Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ 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: \_\_\_\_\_

Make & Year of Vehicle: \_\_\_\_\_ Model: \_\_\_\_\_ Color: \_\_\_\_\_

License Plate No.: \_\_\_\_\_ State Registered: \_\_\_\_\_

**BUSINESS/ORGANIZATION – INFORMATION**

Name of Business/Organization: \_\_\_\_\_  
Address: \_\_\_\_\_  
Business Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Type of products 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, New York?  
 Yes       No

**\*MOBILE FOOD PREPARATION VEHICLES\***

Does your vehicle contain cooking equipment that produces smoke or grease-laden vapors for the purpose of preparing and serving food to the public?       Yes     No

If YES, have you obtained an operating permit from the Rome Fire Department?  
**Please Attach Copy of permit if applicable.**       Yes     No

**OFFICER OR REPRESENTATIVE TO WHOM YOU ARE RESPONSIBLE**

Name: \_\_\_\_\_  
Permanent Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_  
Title: \_\_\_\_\_

**Oneida County Health Department Certificate Information: (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: \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PLEASE ATTACH COPIES OF ANY BROCHURES, PAMPHLETS, MATERIAL AND LEGAL DOCUMENTS THAT YOU MAY USE AS PART OF YOUR BUSINESS/SALES.**

**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 (1) year:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Nature of acquaintance: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Nature of acquaintance: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ 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 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 TWO (2) WEEKS TO COMPLETE THIS TASK.***

**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.**

\_\_\_\_\_  
Applicant Signature

Sworn to and subscribed before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public / Commissioner of Deeds

**LIST OF EMPLOYEES**

Attach a list of all employees' names, addresses, & phone numbers, if employee is to sell under this permit; **otherwise only the 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. \_\_\_\_\_

