



OFFICE OF THE CITY CLERK

ROME CITY HALL, 198 N. WASHINGTON ST.
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:

- Photocopy of valid driver license or equivalent identification for each applicant
- 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
- Workers' Compensation & NYS Disability Insurance, or CE-200 exemption form
- General Liability Insurance ***naming the City of Rome as additional insured***
 - (*coverage for \$1 million per occurrence and a \$2 million general aggregate*)
- Oneida County Health Department Permit (*if selling foodstuffs*).
- If you are selling food, you must contact the Rome Fire Dept. to set up an appointment for equipment inspection/review at **(315) 339-7731. No exceptions.**
- Proof of automobile insurance and registration for the vehicle you are traveling in, towing with, or preparing food or other goods on.

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

Does your vehicle or food service area contain cooking equipment that produces smoke or grease-laden vapors for the purpose of preparing and serving food to the public?

☐ Yes ☐ No

Have you obtained an inspection of your food preparation equipment from the Rome Fire Department?

☐ Yes ☐ No

(If not, please contact the Rome Fire Dept. by phone at (315) 339-7731 to schedule an appt.)

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 or 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. _____
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22. _____
23. _____
24. _____
25. _____
26. _____
27. _____
28. _____
29. _____
30. _____

FOR INTERNAL USE ONLY

FIRE DEPARTMENT VERIFICATION

The applicant's mobile food preparation equipment has been adequately inspected, 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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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 LICENSE INFORMATION

Permit Fees:

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

July 1 – December 31:

One (1) Day Permit:	\$50.00
Annual Permit (1 st Cart):	\$125.00
Each Additional Cart:	\$75.00

Date \$50.00 Paid: _____
Total Amount Paid: _____
Date License Issued: _____

Type of License: _____
License No.: _____
Date License Expires: _____

City Clerk Signature

Date