



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 COLLATERAL LOAN BROKERS
AND DEALERS IN SECONDHAND GOODS LICENSE CERTIFICATE**

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

Please note except as permitted by Chapter 18 of the Rome Code of Ordinances and Section 47 of the New York State General Business Law, it shall be unlawful for any person to operate a combined secondhand dealer/collateral loan broker shop in the City of Rome.

I, _____, do hereby make application for a License Certificate, to carry on the business of (**check one**):

☐ **COLLATERAL LOAN BROKER**

☐ **DEALER IN SECONDHAND GOODS**

in the City of Rome, New York, subject to all Ordinances and Resolutions pertaining to this subject now in force or hereafter adopted by the Common Council of the City of the Rome, or any Board or Department of said City.

APPLICANT INFORMATION

Full Name: _____
Home Address: _____
Phone: _____ Email: _____
Date of Birth: _____ Social Security No.: _____ - _____ - _____
Driver License No.: _____ **PLEASE INCLUDE A COPY OF YOUR DRIVER LICENSE.**

Are you an employee of the City of Rome? ☐ YES ☐ NO
(if yes, explain): _____

BUSINESS INFORMATION

Business Name: _____
Full Address: _____
Phone: _____ Email: _____
Hours of Operation: _____

Please note the street and number where applicant proposes to carry on the business will be stated in license and licensee will not be permitted to change said location to any other place without permission of the Common Council of Rome.

TYPE OF BUSINESS

☐ **Firm** ☐ **Partnership** ☐ **Association** ☐ **Corporation** ☐ **Sole Proprietorship**
☐ **Other** (specify): _____

If a **partnership**, provide names and addresses of *all partners*, both general and limited (attach additional sheets if necessary):

NAME	ADDRESS	TYPE (general or limited)

If a **corporation** or **association**, please list names and addresses of *all principal officers* (attach additional sheets if necessary):

NAME	ADDRESS

Have you (applicant), or any partner or any principal officer, been convicted of any crime or any violation of any municipal ordinance? ☐ YES ☐ NO

If yes, please list (list all; attach more sheets if necessary):

- nature of offense: _____
- punishment or penalty received: _____

The business for which this application is made is (**check one**): ☐ **PERMANENT** ☐ **TRANSIENT**

Please note Transient vendors shall be subject to the provisions of Article VI of Chapter 18 of the Rome City Code of Ordinances.

- Applicant agrees to comply with all local laws, ordinances, rules and regulations of the City of Rome pertaining to the operation of a business or occupation. ☐ YES ☐ NO
- Applicant has not been refused a license or had a license revoked within the last nine (9) months of the date of this application. ☐ YES ☐ NO
Date of refusal or revocation: _____
- As applicant for a license to operate a business of Collateral Loan Broker or Dealer in Secondhand Goods, I hereby consent to inspection of the premises by a Code Enforcement Officer.
☐ YES ☐ NO

STATE OF NEW YORK)
COUNTY OF ONEIDA) ss.:

The undersigned, _____, deposes and says, under the penalties of perjury, that he/she is the individual making the foregoing application and that the answers to the foregoing questions and other statements contained therein are true to the best of his/her knowledge.

False statements made herein are punishable pursuant to Section 210 of the New York State Penal Law.

Signature

Date

.....

STATE OF NEW YORK)
COUNTY OF ONEIDA) ss.:

On the ____ day of _____, in the year _____, before me, the undersigned, a Notary Public in and for said State, personally appeared _____, personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument and acknowledged to me that (s)he executed the same in his/her capacity, and that by his/her signature on the instrument, the individual, or the person upon behalf of which the individual acted, executed this instrument.

Sworn to before me this _____ day of _____, 20_____.

Notary Public/Commissioner of Deeds

AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I, _____, in connection with and in consideration for my application, hereinafter as "Application", for a City of Rome, New York Collateral Loan Broker OR Dealer in Secondhand Goods License(s), hereinafter as "License(s)", to be processed, do hereby authorize any and all documents, papers, photographs, statements, docket sheets, and records, whether in paper, electronic, digital or other form or format, hereinafter as "Records", concerning myself, which may be in possession of the Rome Police Department, Rome City Court and/or any other City department, bureau, commission or board, to be accessed and reviewed by the designated member(s) of the City of Rome Police Department or such other authorized City official and I further expressly authorize said Records may be disclosed by said member(s) Rome Police Officer(s) to such other City of Rome employees, including, but not limited to the Rome City Clerk, as said Police Officer(s) deems necessary and appropriate for the processing and consideration of my application, whether the said Records are of public, private or confidential in nature.

In connection with my Application for a License(s), I hereby release the City of Rome, the City of Rome Clerk's Office, the City of Rome Police Department and/or their officers, employees and agents from any liability and responsibility arising from the preparation of a background investigation report. I further agree to defend and indemnify the City of Rome, all its agents, employees, officers, assigns and officials, from any damage, loss, injury, claim, cause of action, suit, or proceeding, which may be commenced by myself or any other third party as a result of the City of Rome accessing, reviewing and disclosing my Records in connection with the consideration of my Application for said License(s), unless said damage, loss, injury, claim, cause of action, suit or proceeding is caused by the City's gross negligence or willful misconduct.

I authorize all persons, businesses, corporations, courts and law enforcement agencies to release information including matters of opinion about my character, ability and past conduct. I authorize these agencies to release such information without restrictions or qualification.

I understand that any information obtained by a personal history background investigation, which is developed in whole or in part upon this release authorization, will be considered in determining my suitability in obtaining a Collateral Loan Broker License **OR** Dealer in Secondhand Goods License.

I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this information; and I do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information.

A PHOTOCOPY OF THIS RELEASE WILL BE VALID AS AN ORIGINAL THEREOF, EVEN
THOUGH THE SAID PHOTOCOPY DOES NOT CONTAIN AN ORIGINAL WRITING OF MY
SIGNATURE.

I have read and fully understand the contents of the "Authorization for Release of Personal Information".

Signature of Applicant

Sworn to before me this _____ day of _____, 20_____.

Notary Public/Commissioner of Deeds

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 ☐ Denied

Reason for Denial:

Signature

Title

Date

.....

CODE ENFORCEMENT VERIFICATION

The premises for applicant's business are:

☐ Approved ☐ Denied

Reason for denial:

Signature

Title

Date

.....

SEALER OF WEIGHTS AND MEASURES VERIFICATION

Applicant has provided a Certificate from the sealer of weights and measures of the County of Oneida certifying that all weighing and measuring devices to be used by the applicant have been examined and approved pursuant to law:

☐ YES ☐ NO

Signature

Title

Date

CITY CLERK LICENSING INFORMATION

Permit Fees:

One (1) Day Permit: **\$100.00**

Annual Permit: **\$250.00**

Amount Paid: _____

\$50.00 app. fee paid: _____

Date License Issued: _____

Date License Expires: _____

License No.: _____

City Clerk

Date