

Village of Horseheads
PEDDLER/SOLICITOR'S APPLICATION

(Adopted as part of LL#2 of 2013)

1. Name of applicant _____
2. Applicant's permanent address _____
3. Applicant's local address _____
4. Applicant's Date of Birth _____
5. Telephone: Permanent _____ Cell _____
6. Applicant's Drivers License No. _____, State of Issue: _____
7. Organization Represented _____
Address _____
Business Phone _____
If not the owner, list supervisor: _____

Provide copy of Certificate of Incorporation, Articles of Organization, etc.

Organization's Tax Status: [] For Profit [] Not For Profit

8. Will you be using a vehicle, No [] Yes []
If yes fill out a vehicle form for each. Total vehicles used ____
9. What kind of goods, wares, merchandise, advertising or services do you expect to solicit for?

10. What is your proposed method of solicitation, how will you contact your customers? _____

12. List dates you wish to solicit: Start Date _____ End Date _____
List day(s) of the week you wish to solicit: _____
List time of day of actual solicitation: Start Time _____ End Time _____
13. Will you have employees or agents other than yourself engaged in the solicitation? [] No [] Yes
If yes, how many _____

(Each employee or agent will need to fill out an application form)

14. Do you claim an exemption? No Yes
If yes, describe on what basis you are requesting the Exemption:

We are a Not For Profit organization.

I have been Honorably Discharged from the United States Armed Forces.

Sales are held pursuant to statute or court order.

I am or represent a political candidate.

I am a minor acting on behalf of a not-for-profit organization.

I have a license provided by the County Clerk as provided by § 32 of the General Business Law of the State of New York.

I am / my company is engaged in Interstate Commerce.

I am a farmer selling meats, fish, fruit, or farm produce that I produced.

If you are claiming any of the above exemptions you must supply sufficient documentation to support your claim.

15. Have you ever been convicted of a crime? (Misdemeanor or Felony) No Yes
If yes, explain circumstances below:

Date of Conviction _____

Name under which you were convicted _____

Charge(s) you were convicted of _____

Penalty/Disposition/Sentence _____

Name of the Court/Jurisdiction _____

Address of Court _____

Phone number of Court _____

Provide a brief description of incident leading to arrest: _____

If you have convictions for other dates and/or jurisdictions use a blank additional charge form, and provide with application.

16. Have you been issued a Certificate of Authority by the NYS Department of Taxation and Finance to collect sales tax? No Yes If yes, what is your ID #: _____

17. Do you use a weighing or measuring device for the sale of goods? No Yes

If yes you must submit a certificate from the Chemung County Sealer of Weights and Measures that your scales or measures have been tested and sealed.

18. Are you licensed to handle food in any form? [] No [] Yes

If yes you must submit a Food Permit issued by the Chemung County Health Department.

19. Have you been previously licensed to solicit or peddle in the Village or elsewhere? [] No [] Yes

If yes has your license been denied, revoked, or suspended within the last 12 months? [] No [] Yes

If yes set forth the reasons for such denial, suspension or revocation: _____

NOTICE: FALSE STATEMENTS MADE HEREIN ARE PUNISHABLE AS A CLASS A MISDEMEANOR PURSUANT TO SECTION 210.45 OF THE PENAL LAW.

I, the undersigned applicant, do hereby certify that the foregoing statements and all attachments are all true and correct.

I have read Village of Horseheads Local Law 2 of 2013 and understand same.

The undersigned represents, stipulates, contracts, and agrees that the applicant and/or organization represented by the applicant will jointly and severally indemnify and hold harmless the Village of Horseheads, its officers, employees, agents and assigns from any and all liability, including court costs and attorneys fees, including appeal, for any and all claims, injuries, damages, or expense to property or persons arising from the activities authorized by this application, registration, license or permit.

Dated: _____ 20____. _____
Applicant's Signature



Received On: _____ By: _____

Fee of \$___ collected on _____

Photographs received on _____

Forwarded to Police Dept. on _____

Report Received from Police Department on _____ by _____

Proof of Registration with NYS Atty. General's Charity's Bureau received on _____

By _____.

Certificate of Incorporation/Articles of Organization received on _____

By _____.

Certificate of Insurance received on _____ by _____.

Application: [] Approved [] Denied on _____.

Vehicle Information Form

List complete information for each vehicle that will be used

Vehicle #1

Year _____ Make _____ Model _____

Color _____ Plate # _____ State _____

Registered Owner _____ D.O.B. _____

Who will be operating the vehicle while engaged in solicitation? _____

Operator's Driver's License No. _____ State _____

Vehicle #2

Year _____ Make _____ Model _____

Color _____ Plate # _____ State _____

Registered Owner _____ D.O.B. _____

Who will be operating the vehicle while engaged in solicitation? _____

Operator's Driver's License No. _____ State _____

Vehicle #3

Year _____ Make _____ Model _____

Color _____ Plate # _____ State _____

Registered Owner _____ D.O.B. _____

Who will be operating the vehicle while engaged in solicitation? _____

Operator's Driver's License No. _____ State _____

(Bring this form back with your application and **sign it in front of one of our Notary Publics**)

**VILLAGE OF HORSEHEADS
PEDDLER/SOLICITOR'S LICENSE REQUEST
AUTHORITY FOR RELEASE OF INFORMATION**

I hereby authorize you to furnish the Village of Horseheads Police Department any and all information that you may have concerning me, my criminal record, my financial and credit status (including a consumer credit report). This information is to be used to assist the Horseheads Police Department in determining my qualifications to hold a Peddler/Solicitor's Permit to be used to solicit goods in the Village of Horseheads.

I hereby release you, your organization and others from any liability or damage that may result from furnishing the information requested above.

Applicant's Signature

Applicant's Name _____ <small>(Last, First, Middle)</small>	Date of Birth _____
Address _____	

AFFIDAVIT

STATE OF NEW YORK:
VILLAGE OF HORSEHEADS:

Before me personally appeared the said _____
who says that he/she executed the above instrument of his/her own free will and accord, with full knowledge of the purpose thereof.

Sworn to and subscribed in my presence this ____ day of _____, 20 ____.

Notary Public

**VILLAGE OF HORSEHEADS
PEDDLER/SOLICITOR'S LICENSE REQUEST**

FINGERPRINT/BACKGROUND CHECK INSTRUCTIONS

Applicant must do the following:

- 1) Go to www.ibtfingerprint.com/state/?st=ny for online scheduling of fingerprints

OR

Call (877) 472-6915 to schedule by phone.

- 2) When requested, provide the Village Police Dept. ORI #: NY0072200
- 3) Pay required processing fees.

L1 Enrollment Services will process your background investigation through the Department of Criminal Justice Services. DCJS will then forward the report to the Village Police Department for final review.