## Peddling and Solicitation Application Form Village of Harriman

1 Church Street Harriman, New York 10926 (845) 783-4421

**Dear Applicant:** Please complete this application to determine if you qualify as a Solicitor in the Village of Harriman. Please fill out the application as completely and accurately as possible. A **\$**\_\_\_\_\_\_\_ **nonrefundable** application fee is required to be submitted with this application.

	1. A	pplicant information			
Applicant's Name:					
Former Names, Aliases,	used in the past 10 ye	ars:			
Home Address:					
Mailing Address:				<del></del>	
Male/Female:	Height:	Weight:	DOB:		
Eye Color:	Hair Color:	Weight: Weight: Identifying Featur	res:		
(Applicant must submit	in-person proof of la	chilly and 2 copies - village	e Code 102-33	, 102-0C	
Name of Employer/Org	anization you are repr	esenting:			
Address of Employer/Organization:					
Phone Number of Embi	over/Organization:				
Identification of the me	embers, partners, shar	eholders, etc. of the Emplo	oyer/Organiz	ation:	
Indicate the address to	which all notices unde	er Chapter 102 of the Villag	e Code 102-3.	J, 102-9C are to be sent:	
				<del></del>	
	2.	Vehicle Information			
If a vobicle is used in th		ng, please list the following		•	
i i a veriicie is used iii tii	e operation of peddill	ig, please list the following	3 IIII OI III atioi	•	
VEHICI E YEAR	VFHICLE MAKE	REGSITRATION NUM	IRFR	STATE	
VEHICLE TEAT	VEHICLE IVII (ICE	NEGSTITI (TION NOW)	IDEIN	SIMIL	
		INSURANCE			
Vehicle Insurance Polic			bility Insuran		
Name of Company Name of Company			<del></del>		
Policy # Policy #					
Amounts of Coverage		Amounts o	of Coverage _		
		e annexed hereto. Each policy m			

	3. Driver's Inform	mation
How many drivers do you currentl	v emplov:	
Thow many drivers do you current	· · · <del></del>	_
DRIVER'S FULL NAME	DATE OF BIRTH	DRIVERS LICENSE NUMBER
	4. Marketing/Product	Information
A brief description of the type or t	ypes of articles or service	es for which sales, purchases or orders are to be
solicited:		· ·
A statement as to the approximate payment:	e amount to be collected	by the applicant and whether in full of partial
The length of time during which th		main in the Village of Harriman for the purpose
of engaging in such activity:		
List all other permits, licenses, and	I registrations held by the	e Applicant:
Does this business involve "weigh		☐ Yes ☐ No
, , , , , , , , , , , , , , , , , , , ,		w York State Sealer of Weights and Measures, ed have been examined and approved by that
office with this application.	casaring acrices to be as	ca have been examined and approved by that
Does this business involve the han	•	☐ Yes ☐ No
If yes, the Applicant shall provi	ide a license from the Ora	ange County Health Department with this

5. Disqualifying Status				
Have you ever been convicted of:				
☐ Felony homicide or assault				
☐ Physically abusing, sexually abusing, or exploiting a minor				
☐ The sale or distribution of controlled substances				
☐ Sexual assault of any kind				
Are any criminal charges currently pending against you for:    Felony homicide or assault     Physically abusing, sexually abusing, or exploiting a minor     The sale or distribution of controlled substances     Sexual assault of any kind     Have you been criminally convicted of a felony within the last ten (10) years?     Have you been incarcerated in a Federal or State prison within the past five (5) years?     Have you been criminally convicted of a misdemeanor within the past five (5) years involved in the past five (5) years involved in the past five (5) years involved in the past five (5) years indicating     You had either engaged in fraud or intentional misrepresentation, or     That a debt of yours was non-dischargeable in bankruptcy pursuant to     That a debt of yours was non-dischargeable in bankruptcy pursuant to     That a debt of yours was non-dischargeable in bankruptcy pursuant to     That a debt of yours was non-dischargeable in bankruptcy pursuant to     That a debt of yours was non-dischargeable in bankruptcy pursuant to     That a debt of yours was non-dischargeable in bankruptcy pursuant to     That a debt of yours was non-dischargeable in bankruptcy pursuant to     That a debt of yours was non-dischargeable in bankruptcy pursuant to     That a debt of yours was non-dischargeable in bankruptcy pursuant to     That a debt of yours was non-dischargeable in bankruptcy pursuant to     That a debt of yours was non-dischargeable in     That a debt of your	☐ Yes ☐ No			
11 U.S.C. Section 523 (A)(2), (a)(4), (a)(6) or (a)(19)  Are you currently on parole or probation to any court, penal institution, or governmental entity, including being under house arrest or subject to a tracking device?	□ Yes □ No			
entity, including being under nouse arrest of subject to a tracking device:	□ res □ No			
Do you have an outstanding arrest warrant from any jurisdiction?	☐ Yes ☐ No			
Are you currently subject to a protective order based on physical or sexual abuse				
issued by a court of competent jurisdiction?	☐ Yes ☐ No			
Are you licensed to peddle in any other municipality?  If so, please list each license:	□ Yes □ No			
Have you ever been denied or had a peddler's license in any state or municipality revoked If please explain:	I? ⊔ Yes ⊔ No			

The following documentation/information shall be submitted with this application:
Proof of identity by use of any of the following:  ☐ A valid driver's license issued by any State ☐ A valid passport issued by the United States ☐ A valid identification card issued by any State ☐ A valid identification issued by a branch of the United States military
Proof of Registration:  ☐ The Applicant shall provide proof that either the Applicant, or the responsible person or entity, has registered with all required regulatory authorities.
Sales Tax Number:  ☐ The Applicant shall provide a sales tax number for the Applicant, or for the responsible person or entity for which the Applicant will be soliciting.
Business References:  ☐ The Applicant shall provide two business references located in Orange County or New York State, or some other evidence that the Applicant is of good character and a responsible businessperson.
7. Execution
I understand that by filing this application, I am authorizing the agreeing to allow the Village of Harriman to obtain a name/date of birth background check on me for the purposes of enforcement of Chapter 102 of the Village of Harriman Code.
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## Written Disclosures

- A. The Applicant's submission of the application authorizes the Village to verify information submitted with the completed application, including, but not limited to:
- 1. The Applicant's address,
- 2. The validity of the applicant's proof of identity,
- 3. The Applicant's and/or responsible person or entity's state tax identification and special use tax numbers, if any.
- B. The Village may consult any publicly available sources for information on the applicant, including but not limited to databases for any outstanding warrants, protective orders, or civil judgements
- C. Establishing proof of identity is required before registration is allowed.
- D. Identification of the fee amount that must be submitted by the applicant with a completed application.
- E. To the extent permitted by New York State and/or Federal law, the Applicant's background check shall remain a confidential, protected, private record not available for public inspection.
- F. The Village will maintain copies of the Applicant's application form, proof of identity and identification badge. These copies will become public records available for inspection on demand at the Village offices whether or not a certificate is denied, granted or renewed.
- G. The criteria for disqualifying status, denial or suspension of a certificate under the provisions of this Chapter 102 of the Village Code, and submission of this application and the applicant's signature hereto signifies that he/she has read and is familiar with such criteria.

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Date Received:	Police Department Approval:
Permit Date Range:	Reviewed/Approved Village Clerk:
Permit Expiration Date:	Building Inspector Approval:

For Internal Use Only