

Peddling and Soliciting Application Form

Village of Monroe

7 Stage Road Monroe, New York 10950 (845) 782-8341

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

	1. App	licant information				
Applicant's Name: _						
Former Names, Aliases, used in the past 10 years:						
Home Address:						
Mailing Address:						
Male/Female:	Height:	Weight:	DOB:			
Eye Color:	Hair Color:	Identifying Featu	res:			
Mailing Address: Male/Female: Height: Weight: DOB: Eye Color: Hair Color: Identifying Features: Name of Employer/Organization you are representing:						
Address of Employer/Organization:						
Phone Number of Em	nployer/Organization:		yer/Organization:			
Identification of the r	members, partners, share	holders, etc. of the Emplo	yer/Organization:			
Indicate the address	to which all notices under	Chapter 155 of the Village	e Code are to be sent:			
-	-	hicle that you will be using	_			
solicitation:						
		ng/Product Information				
Goods or services of	fered by the Applicant, in	cluding any commonly kno	own, registered or trademarked			
names:						
List all other permits	, licenses, and registration	ns held by the Applicant:				
= 						
For Internal Use Only						
Date Received:			val:			
Permit Date Range:		Reviewed/Approved Villag	ge Clerk:			
Permit Expiration Date:						

List all other qualifications required by Federal, State, County, or Town law to promote, render advice regarding the offered goods or services:	
Where is the merchandise manufactured or produced?	
How will the merchandise be delivered?	
Does this business involve "weighing" a product? ☐ Yes ☐ No If yes, the Applicant shall provide a certificate from the New York State Sealer of We Measures, certifying that all weighing and measuring devices to be used have been approved by that office with this application.	_
Does this business involve the handling of food? ☐ Yes ☐ No If yes, the Applicant shall provide a license from the Orange County Health Department application.	ent with this
3. 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?	□Yes □No
Have you been incarcerated in a Federal or State prison within the past five (5) years?	□Yes □No
Have you been criminally convicted of a misdemeanor within the past five (5) years involving a crime of moral turpitude or violent or aggravated conduct involving persons or property?	□Yes □No
Has a final civil judgment been entered against you within the last five (5) years indicating that: ☐ You had either engaged in fraud or intentional misrepresentation, or ☐ That a debt of yours was non-dischargeable in bankruptcy pursuant to 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 governmenta entity, including being under house arrest or subject to a tracking device?	I □Yes □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	
4. Attachments to be Included with Application		
The following documentation/information shall be submitted with this application:		
Proof of identity by use of any of the following: ☐ A valid driver's licensed 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.		
BCI Background Check: The Applicant shall provide an original or a copy of a BCI background check.		
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 business person.		

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I understand that by filing this application, I am authorizing the agreeing to allow the Village of Monroe to obtain a name/date of birth BCI background check on me for the purposes of enforcement of Chapter 155 of the Village of Monroe Code.

I have received and reviewed the disclosure information attached to this information and required under Chapter 155 of the Village of Monroe Code.

I understand that any false statement contained in this application shall be grounds for denial/revocation of the license.

Upon oath or affirmation, under penalty of perjury, that based on my present knowledge and belief, the information provided in this application is complete, truthful and accurate.

Applicant signature	Date
X	

PLEASE NOTE: If more space is needed to complete any part of this application, please use a separate sheet of paper and attach it to this application.

Written Disclosures

- The Applicant's submission of the application authorizes the Village of Monroe to verify information submitted with the completed application, including, but not limited to, the Applicant's address, the validity of the Applicant's proof of identity, and the Applicant's and/or responsible person or entity's state tax identification and special use tax numbers, if any.
- By submission of the application, the Applicant thereby consents that the Village of Monroe, including its Police Department, may consult any available sources for information on the Applicant, including, but not limited to, databases for any outstanding warrants, protective orders, or civil judgments.
- Establishing proof of identity is required before registration is allowed.
- The fee amount that must be submitted by the Applicant with a completed application has been identified.
- The Applicant must submit a BCI background check with a completed application. To obtain your background check:
 - ~ Visit <u>www.criminaljustice.ny.gov</u>
 - ~ Select Community Resources
 - ~ Select Request Criminal History
 - ~ Follow Instructions
- To the extent permitted by New York State and/or Federal law, the Applicant's BCI background check shall remain a confidential, protected, private record not available for public inspection.
- The Village of Monroe 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.
- The Village will maintain the information and criteria for disqualifying status, denial or suspension of a
 certificate under the provisions of Chapter 155 of the Village of Monroe Code, the public disclosure
 for which will be subject to the New York State Freedom of Information law.
- A request for a temporary certificate will be granted or denied within five (5) days of a completed application being submitted.
- The registration process shall not begin unless the Applicant has submitted a completed application.