Village of East Aurora
585 Oakwood Avenue, East Aurora, NY 14052
Phone: 716.652.6000, ext. 3

APPLICATION FOR PEDDLER & SOLICITOR PERMIT

Application Fee $ 25.00 _________ DATE: _____________________________

Permit Fee (per person) $50.00_________ (Not for Profit Organizations Exempt from Fee)

The undersigned hereby applies for a permit to sell, solicit or distribute by going from house to house OR from a set location at ____ in the Village of East Aurora.

My age is _______ Date of Birth ____________ Height _________ Weight _________
Eye Color________ Hair Color_______ Social Security Number ________________________
Driver's License: State _____ ID Number _____________________________
Is a vehicle to be used _____ Yes _____No?
Year _____ Make ______________________ Plate Number ______________ State of Registration______
Other than applicant how many other persons, are to use the same vehicle? __________
Is applicant to oversee said vehicle ________ or is applicant to be an assistant ________

Kind of material to be sold, solicitation to be made, matter to be distributed or busking:

____

Will alcohol be sold __ Yes __No? Date which alcohol would be sold ________________

If an assistant, give the name of the person in charge ___________________________

The term for which the permit is desired: day's _____ weeks_____ (maximum 60 days if not alcohol sales)

Is the business conducted by the applicant as a principal, or as agent of another ____________________________________?

Give the principal or employer:____

Person in Charge _________________________ Phone Number ________________ E-mail ___________________________

Is the activity for which a permit is requested to be conducted by a Not-For-Profit Corporation? _____ If yes, what is the name of the Not-for-Profit Corporation?____(Attach Copy of IRS approval)

Have you ever been convicted of a crime, other than minor V & T charges?
Yes___ No___ Where?__________________________________When? ______________
For what offense?____

Applicant Agrees to a criminal background check: Yes____ No____
IF ANY INFORMATION ON THIS APPLICATION IS FOUND TO BE UNTRUE, A PERMIT WILL NOT BE ISSUED.

Signed:____

Print Name:____

Address: ____________________________________City: _______________________ State: ____ Zip: _____________

Phone: _______________________________________ E-mail: ____

* *

State of New York
Erie County ss
______________________________, being duly sworn, deposes and says that he/she is the applicant above named; that he/she has carefully read the foregoing application and knows the contents thereof and that the same is in every respect true.
Subscribed and sworn to before me this _____ day of ____________________, 20_____.

____
(Notary Public)

Driver's License _______________________ **There is a five-day waiting period before permit is issued**
Record check completed by: ____ **Approved ______ Not Approved ______**

Web

DEPARTMENT OF POLICE
VILLAGE EAST AURORA/TOWN OF AURORA

571 MAIN STREET
EAST AURORA, NY 14052
TEL: (716) 652-1111 FAX: (716) 652-3790

INDIVIDUAL LOCAL CRIMINAL HISTORY AUTHORIZATION
[NOT BASED ON FINGERPRINTS]

NAME:_____PHONE NUMBER:_____
ADDRESS:_____
CITY/STATE:_____
DOB:_____ SOCIAL SECURITY #_____
IDENTITY VERIFIED BY:_____
(COPY ATTACHED)

I AUTHORIZE THE VILLAGE OF EAST AURORA-TOWN OF AURORA POLICE DEPARTMENT TO CONDUCT A NAME-ONLY SEARCH OF THEIR ARREST RECORDS CONCERNING MYSELF. THIS CHECK (ATTACH SUPPORTING DOCUMENTS) IS NEEDED FOR (PLEASE CHECK APPLICABLE REASON):

SCHOOL____ EMPLOYMENT_____ VISA_____ IMMIGRATION_____
PERMITS____ INDIVIDUAL REASONS_____

I HEREBY RELEASE YOU, THE INSTITUTION OR ESTABLISHMENT WHICH YOU REPRESENT, INCLUDING ITS OFFICERS, EMPLOYEES, AND RELATED PERSONNEL, BOTH INDIVIDUALLY AND COLLECTIVELY, FROM ANY AND ALL LIABILITY FOR DAMAGES OF WHATEVER KIND, WHICH MAY AT ANY TIME RESULT TO ME, MY HEIRS, FAMILY OR ASSOCIATES BECAUSE OF COMPLIANCE WITH THIS AUTHORIZATION FOR RELEASE OF INFORMATION, OR ANY ATTEMPT TO COMPLY WITH IT. SHOULD THERE BE ANY QUESTIONS AS TO THE VALIDTY OF THE AUTHORIZATION YOU MAY CONTACT ME AS INDICATED ABOVE

_____
NOTARIZED SIGNATURE

Sworn to before me, this__day of _____20____
_____

(1/15 EAPD) FEE $25.00 FRONT OFFICE RECEIPT #_____

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Indemnification Agreement

To the fullest extent permitted by law, I/We shall indemnify and hold harmless the Village of East Aurora and its employees from and against claims, damages, losses and expenses, including but not limited to attorney's fees, arising out of or resulting from performance of our work under this contract, provided that such claim, damage, loss or expense is attributable to bodily injury, sickness, disease or death, or injury to or destruction of tangible property, including the loss of use resulting there from but only to the extent caused in whole or in part by negligent acts or omissions of our organization, anyone directly or indirectly employed by us or for anyone for whose acts they may be liable, regardless of whether or not such claim, damage, loss or expense is caused in part by a party indemnified hereunder. Such obligation shall not be construed to otherwise exist as to a party or person described in this paragraph.

_____
Authorized Applicant or Officer

State of New York)
County of Erie)

Subscribed and sworn to before me this _____day of _____, 20____

_____
Notary Public

Qualified in Erie County, New York
My commission expires: _____