

Village of East Aurora
571 Main Street, East Aurora, NY 14052
Phone: 716.652.6000, ext. 3
Fax: 716-652.1290

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 _____

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

How many other persons, other than applicant, are to use the same vehicle? _____
Is applicant to be: in charge of said vehicle _____ or is applicant to be an assistant _____
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)
Is the business conducted by the applicant as a principal, or as agent of another _____?
Give the name, address and phone of the principal or employer: _____

Person in Charge: _____ Phone Number _____

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: _____

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)

Drivers License _____

There is a five-day waiting period before permit is issued

Record check completed by: _____ **Approved** _____ **Not Approved** _____

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 # _____