

PEDDLING AND SOLICITING PERMIT INSTRUCTIONS

ALL Peddler and Solicitor permit applications are required to have a criminal background check completed prior to issuing these permits. In order for the Department of Criminal Justice Services (DCJS) to provide us with your criminal history, all applicants must be fingerprinted. New York State does NOT allow the Town of Evans Police Department to do these fingerprints. All Peddling and Solicitor fingerprints must be completed by the "L-1 Enrollment Process" per the instructions below. Once your fingerprints are completed, your criminal background check will be forwarded electronically to the Town of Evans Police Department for review and subsequent approval or denial.

THE APPLICATION PROCESS

- 1 Schedule and have your Fingerprints completed, see instructions below
- 2 Complete the Solicitor/Peddler Permit Application
- 3 Submit completed application to the Town Clerk's Office
- 4 Within 10 business days after we receive your criminal background check from DCJS, you will be contacted by phone on your approval or denial of this application
- 5 In approved, you must report to the Town Clerk's Office to pay for permit. Cost is \$30.00 per calendar year and you must submit two (2) passport quality pictures. They can be obtained from the Town Clerk's Office at a cost of \$10.50. You must also bring your driver's license or other form of government ID.

THE FINGERPRINTING PROCESS

New York State requires that all Peddler and Solicitor permit applicant fingerprints MUST be completed by the following process. To find a fingerprint location near you and to schedule an appointment, call toll free (877)472-6915 or register online at www.L1enrollment.com.

To schedule an appointment, you will need the following information:

- 1 Town of Evans ORI # NY0146300
- 2 Reason for fingerprints: Select Peddler/Solicitor service code 156RYS

Cost for fingerprints is \$105.75 (subject to change). Personal Check or Money Order should be made payable to L1 Enrollment Services.

Fingerprints and the subsequent criminal background are good for the term of your permit.

IF APPROVED

Every solicitor or peddler will be issued a permit, which will include their Name, Photograph and Expiration date of permit. When engaged in soliciting or peddling, this permit MUST be worn or placed on your outer most garment, and the photo side MUST be visible to the public.

This permit is valid weekdays from 9:00am – 8:00pm and not on Sundays. This section is not applicable to peddlers of ice cream and ice cream products for immediate consumption and for peddlers selling an any event celebrating Independence Day.

This permit is only valid with the Town of Evans and is NOT transferable.

No persons engaged in soliciting or peddling shall be in violation of any rules, regulations or restrictions as defined in Local Law, Chapter 144, and Section 1 through 9. Failure to comply with any of these may result in the immediate revocation of this permit. You may also be subject to a find, imprisonment or both for each and every offense.

Application for a Town of Evans Peddling Permit for 20_____

FEE:NON-REFUNDABLE \$30.00 permit + \$10.50 photo = \$40.50 TOTAL

PLEASE PRINT OR TYPE.

Please submit completed application at least 2 weeks ahead of desired need.

Name of Applicant: _____ Date of Birth: _____
First Middle Last Month/Day/Year

Phone # to contact you: _____

Doing Business As: _____

What are you selling? _____

Location of Peddling and/or Selling: Please circle one: Various Door to Door OR Stationary Location

If stationary please specify location: _____
Street # Street Name City Zip

Residence: _____
Street # Street Name City State Zip

Mailing Address: _____
Street # Street Name City State Zip

Is applicant an: Individual_____/Partnership_____/Society_____/Club_____/Corp_____

U.S. Citizen: ____Yes ____No Years of Residence in the Town of Evans:_____

Previous Address with-in the last five (5) years:

Street # Street Name City State Zip

Street # Street Name City State Zip

Previous Employer with-in the last five (5) years:

Company Name/Supervisor's Name Business Address City State Zip

Company Name/Supervisor's Name Business Address City State Zip

Have you ever been convicted of any crime or offense not a minor traffic violation? ____Yes/____No
If so, by whom? _____ Date:_____

Court of Disposition? _____

For what Charges? _____

Are you a registered sex offender in New York State or any other territory in the United States?
____Yes ____No Where? _____

Who is to have actual charge of the business? _____ Date of Birth _____
First Middle Last Mo/Day/Year

Address _____
Street # Street Name City State Zip

Name of Owner of Premises?

First Middle Last Date of Birth M/Day/Year Street # Street Name City State Zip

Is business to be conducted in connection with any other business? ____ Yes ____ No

If so, state nature _____

State of New York
County of Erie SS
Town of Evans

I, the undersigned applicant for the Town of Evans, do hereby declare and swear that the foregoing statements are true to be the best of my knowledge and belief; and if a license is granted pursuant to this application, that I will comply with the laws of the State of New York, the rules, regulations and codes of the State and Federal governments relating thereto, and the ordinances of the Town of Evans governing such operations.

Applicant: Print: _____
First Middle Last

Signature

Subscribed and sworn to before me this _____ day of _____, 20_____

Notary Public, Erie County, New York

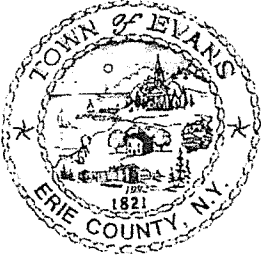
APPROVED/DENIED (Please circle one)

Date _____

Signature of the Chief of Police

Town Clerk's Office Use Only.

License # _____ Type of ID: Driver's Lic or other _____
Issue Date _____
L1 Fingerprinting Date _____



TOWN OF EVANS

LYNN M. KRAJACIC, TOWN CLERK

8787 Erie Road • Angola, NY 14006-9600

Telephone (716) 549-8787

To whom it may concern

Per Town of Evans Police Department, when submitting an application for all Town of Evans Licenses/Permits and/or NYS Bell Jar/Raffle/Games of Chance/Bingo Licenses, a Criminal/DMV Authorization for Record Check form below must be completed by EACH person who is listed on the application. Please feel free to make the necessary number of copies needed.

All of the completed Record Check Authorization forms, application and payment must be received at the same time.

Very truly yours,

Lynn M. Krajacic
Town Clerk

TOWN OF EVANS POLICE DEPARTMENT
8787 Erie Road, Angola, NY 14006
716-549-3600 FAX 716-549-6089
CRIMINAL/DMV AUTHORIZATION FOR RECORD CHECK

State of New York
County of Erie
Town of Evans

Date: _____

I, _____, do hereby authorize the Town of
First Name Middle Initial Last Name Maiden Name
Evans Police Department to check and receive any information regarding my criminal record and sex offender registry, if any, and that relates to my driver's license or operating record including disciplinary measures, to include but not be limited to any and all record furnished by the New York State Department of Motor Vehicles

Driver's License #

Date of Birth

Current Address: House #, Street Name, City, State Zip

Phone #

Reason for Record Check

Signature

Signature of Witness

Witness's Name Printed