

# PEDDLING & SOLICITING PERMIT APPLICATION



Village of Upper Brookville

24 Wolver Hollow Road, Glen Head, NY 11545

T: 516-624-7715 Ext. 1

Villageclerk@upperbrookville.org

Permit No. \_\_\_\_\_

File Date: \_\_\_\_\_

Fee: \_\_\_\_\_

Issue Date: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ (90 Days)

## **\*Identification Required**

Driver's License/ID # \_\_\_\_\_

Name: \_\_\_\_\_

Age: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Description of the business/activity to be conducted: \_\_\_\_\_

---

---

---

---

---

---

Hours & Location for which the right to peddle or solicit is desired: \_\_\_\_\_: \_\_\_\_\_ am/pm, to \_\_\_\_\_: \_\_\_\_\_ am/pm

Location/Streets: \_\_\_\_\_

---

If employed: name, address, phone # of employer: \_\_\_\_\_

---

If acting as agent; name, address, phone # of the principal who is being represented: \_\_\_\_\_

---

Kind of goods or services to be sold or delivered: \_\_\_\_\_  
\_\_\_\_\_

**\*This provision shall not apply to persons soliciting orders for goods to be shipped into the state or otherwise involved in interstate commerce.**

## **RULES & REGULATIONS**

**Identification badges:** At the same time the permit is issued, the Clerk shall issue to each permittee a badge, which shall be worn by the permittee in such a way as to be conspicuous at all times while the permittee is soliciting or peddling in the village.

**Exhibition of permit:** Every person required to obtain a permit under the provisions of this chapter shall exhibit the permit when requested to do so by any prospective customer or individual.

**Transfer of permit:** It shall be unlawful for any person other than the permittee to use or wear any permit or badge issued under the provisions of this permit.

**Entry upon posted premises:** It shall be unlawful for any person, whether licensed or unlicensed, while conducting the business of a peddler or solicitor, to enter upon any residential premises in the municipality where the owner, occupant or person legally in charge of the premises has posted, at the entry to the premises or at the entry to the principal building on the premises, a sign bearing the words "No Peddlers," "No Solicitors" or words of similar import.

**Permit revocation:** Any permit issued may be revoked or suspended by the Clerk, after notice and hearing, for any of the following reasons:

- A. Fraud, misrepresentation or false statement contained in the application for a permit.
- B. Fraud, misrepresentation or false statement made by the permittee in the course of conducting solicitation or peddling activities.
- C. Conducting peddling or solicitation activities contrary to the provisions in the permit.
- D. Conducting peddling or solicitation activities in such a manner as to create a public nuisance, constitute a breach of the peace or endanger the health, safety or general welfare of the public.

**Penalties for offenses:** Violations shall be punishable as provided in Chapter 1, General Provisions, Article II of the Village code.

**I hereby acknowledge I have read the application, rules, and regulations.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Village Hall Use Only

Approved By: \_\_\_\_\_ Date: \_\_\_\_\_

**INSURANCE REQUIREMENTS FOR OBTAINING A PERMIT &/OR TO REGISTER / LICENSED CONTRACTOR TO WORK WITHIN THE MUNICIPALITY**

Applicant shall maintain at a minimum the following insurance coverages, **giving evidence of same to the Inc. Village of Upper Brookville, on the form of Certificates of Insurance stating all work performed at any and all locations, copies of the General Liability Declaration Page and copy of the Additional Insured Endorsement, providing 30 days' notice of cancellation, non-renewal or material change.** New York State licensed carrier is preferred; any non-licensed carriers will be accepted at the Municipalities discretion. The insurance carrier must have an A.M. Best Rating of at least A- IX. All subcontractors must adhere to the same insurance requirements.

**I. WORKER'S COMPENSATION AND NYS DISABILITY**

Coverage	Statutory
Extensions	Voluntary compensation All states coverage; Employers liability – unlimited
Required Form for Workers Comp:	C105.2 – certificate of NYS Workers Compensation Insurance Coverage OR if you are insured with the State Insurance Fund, form SI-26.3 – State Insurance Fund Certificate of Workers Compensation Insurance
Required Form for NYS Disability:	DB120.1 – Certificate of Disability Benefits Insurance
Required Form for Exemption	CE-200 – Certificate of Attestation of Exemption from NYS Workers Compensation and/or Disability Benefits Insurance Coverage.

**II. COMMERCIAL GENERAL LIABILITY**

Coverage	Occurrence – 1988 ISO or equivalent
Limits	General Aggregate \$2,000,000 Products-Comp/Ops Aggregate \$1,000,000 Personal. & Advertising. Injury \$1,000,000 Each Occurrence \$1,000,000 Fire Legal (Any one Fire) \$ 50,000 Medical Exp. (Any one Person) \$ 5,000
Additional Insured	Inc. Village of Upper Brookville and all appointed and elected officials, employees and volunteers Using ISO form CG2026 or equivalent
Mandatory	Contractual Liability to cover the Hold Harmless; Aggregate Limits per project;

**III. AUTOMOBILE INSURANCE**

Coverage	Standard New York policy insuring all owned, hired, and non-owned vehicles
Limits	Minimum Limit - \$1,000,000 CSL
Additional Insured	Inc. Village of Upper Brookville and all appointed and elected officials, employees and volunteers

**IV. UMBRELLA LIABILITY - RECOMMENDED**

Coverage	Umbrella Form or Excess following form of primary General Liability and Automobile Liability
Suggested Limit	\$2,000,000
Additional Insured	Inc. Village of Upper Brookville and all appointed and elected officials, employees and volunteers

**V. HOLD HARMLESS/INDEMNIFICATION AGREEMENT**

The contractor shall indemnify and hold the Municipality harmless against any claim of liability or loss including the cost of defense for personal injury or property damage resulting from or arising directly or indirectly out of, or resulting from, the permit holder's or Licensee's operations within the Municipality, including losses arising out of the negligent acts or omissions of the contractor, its servants or agents, and any subcontractors, its servants or agents.

IN WITNESS WHEREOF, the undersigned has duly executed this Agreement the \_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Applicant - Name of Firm - Contractor

\_\_\_\_\_  
Address

\_\_\_\_\_  
Contractor's Signature

\_\_\_\_\_  
(Please Print Name and Title)

Witness:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name