



TOWN OF NEW WINDSOR
PATRICIA A. CLARINO – TOWN CLERK
 555 Union Avenue New Windsor, New York 12553
 (845) 563-4611 Fax: (845) 563-4670
 www.newwindsor-ny.gov

APPLICATION FOR SOLICITOR'S PERMIT

Please complete this application to determine if you qualify for a
 Solicitor's Permit in the Town of New Windsor

- Each Applicant will need a complete background check at the Applicant's expense, fee payable upon submission: \$200.00 for Non-Veterans and \$80.00 for Veterans.
- 6-MONTH Permit - \$2,000.00 PAYABLE UPON APPROVAL.
- Each renewal thereafter is \$2,000.00.
- For additional information see Town of New Windsor Peddling & Soliciting Local Law, Chapter 217 of the Town Code, found next to this Application on the Town Clerk's website.
- This Application will include information for anyone that the Applicant seeks to have peddle, solicit, or canvass in connection with the permit they seek.

1) APPLICANT INFORMATION

NAME			TELEPHONE NUMBER	
STREET ADDRESS			STATE	ZIP CODE
DATE OF BIRTH			SOCIAL SECURITY NUMBER	
EMAIL ADDRESS			DRIVER'S LICENSE #	STATE
AGE	HEIGHT	WEIGHT	EYE COLOR	HAIR COLOR

PLEASE ATTACH THE FOLLOWING TO THIS APPLICATION:

- The Applicant's work history for the past five years, with references and contact information for the same.
- Two color photographs of the Applicant, passport size, taken no more than 60 days prior to the date of filing the application.
- A personal statement from the Applicant, attesting to whether they have any criminal convictions, along with information regarding any prior municipal ordinance violations (other than traffic) and, if applicable, a statement setting forth the applicable court and disposition for each.
- 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.
- If a Veteran, please include DD Form 214 (Certificate of Release or Discharge from Active Duty).

2) BUSINESS/COMPANY INFORMATION (IF APPLICABLE)

COMPANY NAME		
STREET NAME	STATE	ZIP CODE
CONTACT PERSON	TELEPHONE NUMBER	

PLEASE ATTACH THE FOLLOWING TO THIS APPLICATION:

- If the business is a non-profit corporation of the State of New York, a certified copy of its certificate of incorporation, together with any amendments or supplements thereto.
- NYS Dept. of Tax and Finance Certificate of Authority
- Business License
- Designation of persons upon whom legal service may be made, along with instructions on how proper legal service may be made, if applicable.

3) VEHICLE INFORMATION

MAKE	MODEL	
COLOR	LICENSE PLATE NUMBER	STATE

VEHICLE INFORMATION

MAKE	MODEL	
COLOR	LICENSE PLATE NUMBER	STATE

PLEASE ATTACH THE FOLLOWING TO THIS APPLICATION:

- Photocopy of Driver's License (Applicants and all others that may be driving in connection with this permit).
- Proof of registration for all vehicles.
- Auto Insurance

4) ITEMS, GOODS, AND SERVICES – LIST ALL ITEMS (S) TO BE SOLICITED

PLEASE ATTACH THE FOLLOWING TO THIS APPLICATION:

- If the Applicant proposes to distribute any literature or written material, a copy of the same shall be provided with the application.
- COPY OF ORANGE COUNTY DEPARTMENT OF HEALTH PERMIT (for food sales)

5) LOCATION OF SOLICITATION

PLEASE ATTACH THE FOLLOWING TO THIS APPLICATION:

- Letter of permission from property owner (if applicable)

6) INSURANCE INFORMATION

PLEASE ATTACH THE FOLLOWING TO THIS APPLICATION:

- Certificate of Liability Insurance naming Town of New Windsor as certificate holder including:
 - Commercial General Liability
 - Workers Compensation
 - Automobile Liability

7) DISCLOSURES

- The Applicant's submission of the Solicitor's Permit Application authorizes the Town of New Windsor to verify information submitted with same, 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.
- Establishing proof of identity is required before a permit will be issued.
- The fee amount that must be submitted by the Applicant with a completed application has been identified.
- To the extent permitted by New York State and/or Federal law, the Applicant's background check shall remain a confidential, protected, private record not available for public inspection.
- The Town will maintain copies of the Applicant's application form and related documents. These copies will become public records, available for inspection on demand at Town offices, whether a permit is denied, granted or renewed.
- The Town will maintain the information and criteria for disqualifying status, denial or suspension of a permit, public disclosure of which will be subject to the New York State Freedom of Information Law.
- The review process shall not begin until an application is fully submitted.

8) AFFIRMATION

To be completed by anyone the Applicant seeks to have peddle, solicit or canvass in connection with this permit.

I understand that by signing this application, I am authorizing the Town of New Windsor Police Department to conduct a full criminal history background check on me at my expense, in order to ensure the safety of its residents before issuing the requested solicitor's permit.

I have received and reviewed the disclosure information attached to this information.

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

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

APPLICANT'S SIGNATURE

DATE

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

FOR INTERNAL USE ONLY

Date Received: _____

Police Department Approval: _____

Permit Date Range: _____

Reviewed/Approved Town Clerk: _____