Town of Orchard Park Peddlers License excluding stadium events & valid for six (6) months from date of issuance

Date submitted:	Approva	Date:	Expir	ation Date:	
Fees: \$1000.00 for 6 Mont \$1200.00 for 6 Mont	hs Resident of F hs Non-Residen	Erie County t of Erie County	Paid: Paid	Cash _Cash	_ Check _ Check
*	ALL FE	EES ARE NONREFU	JNDABLE		
 □ Background Check □ Fingerprints □ Certificate of Liability Inc. □ Additional Insured on Governificate must also incl. □ Department of Health Ce. □ Worker's Comp Insurance. □ UL Listing for onsite equ. 	surance Naming a eneral Liability a ide a waiver of su rtificate if selling se & Cert. of Disa	the Town of Orcha and excess liability brogation in favor food bility Insurance (I	rd Park as a on a prima of the Town f sole owner	ary & non-co a of Orchard l	ntributory basis Park
Address	Carried States	AA			
Town	_ County			Zip	
Home Phone #	Business I	Phone #	Co	ell Phone #	
		"N con an in or boo the Or Pa sol fir.	ntributions of the person structions of goods, was canvassing of subscription oks, pamphod streets or person than the person of the person oks, or by selecting purchest registering that the person of the person o	hall solicit for sell, peddle res or mercha and/or soliciting to newspape ets or other public places outside the Vigoing from hases or subsc	ense required: or donations or e, hawk or vend indise or engage ing for the sale of er, or magazines, sublications upon of the Town of llage of Orchard house to house riptions, without fown Clerk and ourpose."
Name of Company Repres	sented	The state of the s			
Company Corporate Photo				· ·	
New York Sales Tax #		V A	A STATE OF THE STA		
List all product(s) to be so	ld:				
Will you be driving a vehi	cle?No	Yes	If YES, ple	ase fill in the	following:
License Plate # Setup Address (<u>if Stationa</u>	Make	Model	Color	Yea	r
Setup Address (if Stationa	<u> </u>				
Name of Owner of Setup	Address & Phon	ie Number			
List any other towns that y	ou have obtaine	d a permit, includ	le the year o	btained:	

sentative of the Town of vate, including but not limited is license status, etc. You also icials or representatives of the obtaining said information, approved, you will abide by Law, Chapter 101. Copy of this kny.org. DATE DATE INTS TAKEN AND A HIS PERMIT TRUCTIONS
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Town Clerk Seal

BACKGROUND CHECK INSTRUCTIONS

Effective Immediately, ALL Peddler and Solicitor permit applicants are now required to have a Federal, State and Local criminal background check completed prior to issuing these permits. In order for the Federal Bureau of Investigation to provide your criminal history, all applicants must also be fingerprinted. Once your fingerprints are completed, the Post Office will forward them to the FBI for a criminal background check. When you receive your Background check from the FBI, attach it to your application for subsequent approval or denial.

THE APPLICATION PROCESS

- Visit the following FBI website for details on how to apply for your background check www.edo.cjis.gov
- This process must be done on a computer and not a cell phone or tablet.
- There is a \$18 charge for the FBI background check but is subject to change.
- Schedule and have your Fingerprints completed electronically at a participating US Post Office. The list can be found on the FBI website. Most Post Offices charge \$50 for this service but that is subject to change.
- The Post Office will electronically send your fingerprints to the FBI, the turn around time is 48 hours. If you choose to have a paper copy of your fingerprints mailed to the FBI the turn around time is 20 days or more.
- Once you receive your emailed results, forward them to optownclerk@Orchardparkny.org
- Complete the Solicitor/Peddler Permit Application (reverse side)
- Submit completed application to the Town Clerk's Office with the non-refundable application fee. You will be contacted by phone with approval or denial of this application.

 Allow 30 days for notification.

Fingerprints and the subsequent criminal background check are good for the 6 month peddler permit duration and must be repeated with each application. The background check is subject to Orchard Park Police Department approval.

IF APPROVED

Every individual, 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 visible for viewing.

This permit is valid between the hours of 10:00am - 5:00pm Monday – Saturday (prohibited on Sundays and Federal Holidays) from the date of issuance for a period of 6 months thereafter.

This permit is only valid within the Town of Orchard Park and is NOT transferable.

No person engaged in soliciting or peddling shall be in violation of any rules, regulations or restrictions as defined in Local Law, **Chapter 101, §101-1 thru 101-15**. Failure to comply with any of these may result in the immediate revocation of this permit. You may also be subject to a fine of \$2,000.00 or imprisonment not to exceed 15 days, or both, for each and every offense.

Insurance Specifications: Town of Orchard Park

During the term of an agreement, an ACORD 25-Certificate of Liability Insurance will be provided showing Town of Orchard Park as Certificate Holder.

Acceptable Certificates of Insurance shall indicate the following minimal coverage, limits of insurance, policy numbers and policy effective and expiration dates.

Commercial General Liability: Shall provide such coverage on an occurrence basis for the named insured's premises & operations and products-completed operations. Blanket Contractual Liability provided within the "insured contract" definition may not be excluded or restricted in any way.

Limits expressed shall be no less than:

Each Occurrence	\$1,000,000
Damages to Rented Premises (each occurrence)	\$100,000
Med Exp (any one person)	\$5,000
Personal & Adv Injury	\$1,000,000
General Aggregate	\$2,000,000
Products - Comp/OP Agg	\$2,000,000

Town of Orchard Park shall be named as Additional Insured. Coverage shall apply on a Primary & Non-Contributory basis. All insurance required of the Company shall waive any right of subrogation of the insurer against any person insured under such policy, and waive any right of the insurer to any off-set or counterclaim or any other deduction, whether by attachment or otherwise, in respect of any liability of any person insured under such policy.

Blanket Additional Insured endorsement to include – Owner, Lessees or Contractors - Automatic Status For Other Parties.

Any scheduled person or organization section of the additional insured endorsement containing wording other than designated names shall not be accepted.

Commercial Auto Liability: Commercial Auto Liability for a limit of at least \$1,000,000 per occurrence with a \$1,000,000 Aggregate.

Umbrella/Excess Liability: Commercial Umbrella or excess liability for a limit of at least \$1,000,000 per occurrence with a \$1,000,000 Aggregate. Coverage should respond on a follow-form basis and excess over the aforementioned underlying policy limits. Town of Orchard Park shall be named as Additional Insured. Coverage shall apply on a Primary & Non-Contributory basis.

Workers Compensation/Disability Insurance:

- 1.) The Company and/or Project Owner shall provide evidence of insurance and maintain Workers Compensation/Disability insurance as required by statute.
- 2.) Accepted Forms:

Workers Compensation Forms	DBL (I	Disability	Benefits	Law	Forms

CE-200	Exemption	CE-200	Exemption
C-105.2	Commercial Insurer	DB-120.1	Insurers
SI-12	Self-Insurer	DB-155	Self-Insured
GSI-105.2	Group Self-Insured		
U-26.3	New York State		
	Insurance Fund		