



City of Olean
 Clerk's Office
 101 East State Street
 Olean, NY 14760
 Phone 716-376-5604
 Fax 716-376-5634
 www.cityofolean.org

For Office Use Only
Date Submitted:
Approved:
Denied:
Date:
Fee Paid
Amount:
License #:

License Application Guidelines and Checklist

License Type	
<p>Peddler: A person who offers merchandise or services for sale door-to-door, including house-to-house, business-to-business, street-to-street, or any other type of place-to-place movement. Delivery and payment occur immediately.</p> <p>Solicitor: A person who goes from place to place, business to business, or house to house or who stands in any street or public place taking or offering to take orders for goods, wares or merchandise, or for services to be performed in the future, or for making, manufacturing or repairing any article or thing whatsoever for future delivery.</p> <p>Vendor: Any person engaging retail sale or display of goods, wares, merchandise, services, produce, or prepared foods and for the purpose of conducting said business occupies any lot, building, room, or structure of any kind within the City for a period of six months or less.</p> <p>Transient Merchant: Any person, engaging temporarily in the retail sale or display of goods, wares, merchandise, services, produce or prepared foods with; where the value of any single item offered for display or sale exceeds \$1,000; or for the purpose of conducting said business, occupies any lot, building, room, or structure of any kind within the City, and which business is intended to be conducted for a period of six months or less.</p> <p>Special Event: Any occasion including, but not limited to, street fairs, shows, exhibitions, city wide celebrations and festivals taking place within a specifically defined area of the City of Olean for a period of time not to exceed 7 days.</p>	
Staff Initials	Application Checklist
	<input type="checkbox"/> 1. License Application (Form #1)
	<input type="checkbox"/> 2. <u>Zoning</u> Addendum (Form #2) (if operating from a fixed location)
	<input type="checkbox"/> 3. Business Entity Filing Information (d/b/a Certificate, Certificate of Incorporation or Articles of Organization)
	<input type="checkbox"/> 4. Worker Addendum (Form #3)
	<input type="checkbox"/> 5. Photo ID: Attach a copy of a driver's license or government issued photo identification card for each person listed in the application or worker addendum.
	<input type="checkbox"/> 6. Location of Sales – Attach a list of the dates and locations (name and address) of sales.
	<input type="checkbox"/> 7. Letter of Consent and Copy of Lease or Rental Agreement from the private property owners for the sale location.
	<input type="checkbox"/> 8. License Fee: _____ plus <u>License Applicant Surcharge</u> : <input type="checkbox"/> \$25 <input type="checkbox"/> Previously paid (See attached Fee Schedule)
	<input type="checkbox"/> 9. SPECIAL EVENTS ONLY: No. of vendors: _____ (Roster of vendors due immediately prior to event)
<p>1. Your License Application</p> <p>a. Incomplete applications will be returned.</p> <p>b. Licenses are not transferrable.</p> <p>c. Make a duplicate copy of this packet for your personal records before submitting.</p> <p>2. Identification Cards</p> <p>Each peddler, solicitor vendor and transient merchant will be issued an identification card from the City Clerk which will expire on June 30th each year unless otherwise indicated on your identification badge. You are required to display your identification card and have photo identification on your person at all times while engaged in any business under this license.</p> <p>3. Display of State, County and Federal Licenses</p> <p>Each peddler, solicitor vendor and transient merchant is required to have on their possession at the sale location any license certificate or certificate of authority issued by any state, county, or agency. Failure to have a copy of the license available for inspection at the sale location will result in a revocation of the license.</p>	



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FEE: \$
DATE:

LICENSE APPLICATION

1. BACKGROUND INFORMATION			
Type(s) of License <input type="checkbox"/> PEDDLER <input type="checkbox"/> SOLICITAR <input type="checkbox"/> VENDOR <input type="checkbox"/> TRANSIENT MERCHANT <input type="checkbox"/> SPECIAL EVENT (no. of vendors: _____)	Tax ID Information: <input type="checkbox"/> NYS Sales Tax ID Number: _____ <input type="checkbox"/> Federal EIN Number: _____ <input type="checkbox"/> Soc. Security Number: _____		
Legal Corporate Name of Business	Trade Name (DBA)	Business Telephone Number	
Business Address/Location	City	State	Zip
Mailing Address (If Different than Business Address)	City	State	Zip
Name of Person Filling out this Application	Title	Telephone Number	
E-mail Address	Fax Number	Cell Phone Number	
Name of Authorized Manager or Officer and Home Address			Date of Birth
Type of Ownership:	<input type="checkbox"/> Corporation <input type="checkbox"/> LLC	Date of Incorporation	State of Incorporation
<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Partnership <input type="checkbox"/> Non-Profit		
Is this business publicly traded? <input type="checkbox"/> Yes <input type="checkbox"/> No			
2. LIST ALL OWNERS, PARTNERS, MEMBERS OR SHAREHOLDERS (Attach additional sheet if necessary.)			
Full Name: First, Middle, Last	Date of Birth	% of Ownership	Telephone Number
Home Address	City	State	Zip Code
Full Name: First, Middle, Last	Date of Birth	% of Ownership	Telephone Number
Home Address	City	State	Zip Code
Full Name: First, Middle, Last	Date of Birth	% of Ownership	Telephone Number
Home Address	City	State	Zip Code
Full Name: First, Middle, Last	Date of Birth	% of Ownership	Telephone Number
Home Address	City	State	Zip Code
Have any of the above people been convicted of a crime? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please provide (or attach) dates and conviction specifics.			

3. BUSINESS INFORMATION

Address of Proposed Location	Hours of Proposed Operation
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Describe in detail the types of goods, wares, merchandise, services, produce, or prepared foods to be sold or displayed.

List ALL licenses, permits or authorizations currently or previously held in the City of Olean or the State of New York (Business or Individual). If your type of business requires a license or authorization from Cattaraugus County or the State of New York, please provide a copy of with the application.

Have you ever had a business license denied or revoked by the City of Olean or any other governmental entity?
Yes No
 If yes, indicate date of denial/revocation, government entity, and reason for denial or revocation.

Are you planning on having individuals working at the location in addition to the owners identified in Section 2 above? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of location Manager or Individual in Charge
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If Yes please complete and attach the worker information addendum.

Worker's Compensation Company (Attach Copy of Policy)	Policy Number	Dates of Coverage
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-----Or-----

I certify that I am not required to carry workers' compensation insurance because: I am self insured. I am the sole proprietor and I have no employees. I have no employees who are covered by workers' compensation law, I have filed form CE-200 with the NYS Workers Compensation Board and was granted a certificate of exemption. (Attach copy of Certificate of Exemption)

4. VEHICLES

Will there be vehicles used or sold at the location? Yes No (Attach additional sheets if necessary)

Year/Make/Model	VIN Number	Plate No. (State)	Insurance Policy Information

5. VERIFICATION

The data you furnish on this application will be used by the City of Olean to assess your qualifications for licensure under Chapter 13 ARTICLE VI. Section 2 of the City of Olean Code of Ordinances. Disclosure of this information is voluntary. You are not legally required to provide this data; however, if you fail to do so, the City of Olean may be unable to process this application. Disclosure of your Social Security number, NYS Tax ID Number, or Federal Tax ID Number is required. Your Social Security number may be requested by and released to the New York State Department of Taxation and Finance. Upon submission of this application, all information except your Social Security number will be considered public information.

A SIGNATURE IS REQUIRED IN ORDER TO PROCESS THIS APPLICATION

I, (print name) _____, certify or declare under penalty of perjury under the laws of the State of New York that the foregoing is true and correct. All information given is subject to verification by the City of Olean

Signature of Applicant _____ Title _____ Date _____

_____ Approved _____ Denied _____ Additional Action Needed

Chief of Police

Date



City of Olean
Code Enforcement
101 East State Street
Olean, NY 14760

Telephone 716-376-5683 Fax 716-376-5707

Zoning and Site Plan Addendum

Applicants requesting a license must be in compliance with all zoning regulations before a license can be approved. Bring this form to the **City of Olean Code Enforcement Office** for completion of this application. Approval from the Code Enforcement Office may be required **before** the City Clerk will accept your application.

===== **THIS SECTION IS TO BE COMPLETED BY THE APPLICANT** =====

1. Legal Corporate Name of Business _____ Trade Name (DBA) _____

2. Contact Person _____ Telephone _____

3. Proposed Business Property Address: _____

4. Property Owner: _____

Please Include the Following:

- Copy of Rental or Lease Agreement (Not applicable to Vendors)**
- Statement from Property Owner Authorizing Use**
- Location of proposed use on premises**

===== **THIS SECTION IS TO BE COMPLETED BY CODE ENFORCEMENT** =====

5. Zoning district: _____ Proposed land use(s): _____

6. Are there any existing use restrictions for this property which would affect this license application? Yes No

If yes, provide a brief description of any land use history relevant to the proposed licensure.

7. Comments: _____

8. Is an inspection by Zoning Enforcement Staff required? Yes No

9. Is the proposed use site in compliance with the existing site plan? Yes No If No, list site plan requirements for referral to the planning board.

10. Comments: _____

11. CODE ENFORCEMENT DETERMINATION

APPROVED _____ DENIED _____ FURTHER ACTION NEEDED _____

Signature _____ DATE _____



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Worker Addendum

LIST ALL WORKERS/EMPLOYEES (Attach additional sheet[s] if necessary)			
Full Name: First, Middle, Last	Date of Birth	License ID / Type	Telephone Number
Home Address	City	State	Zip Code
Full Name: First, Middle, Last	Date of Birth	License ID / Type	Telephone Number
Home Address	City	State	Zip Code
Full Name: First, Middle, Last	Date of Birth	License ID / Type	Telephone Number
Home Address	City	State	Zip Code
Full Name: First, Middle, Last	Date of Birth	License ID / Type	Telephone Number
Home Address	City	State	Zip Code
Full Name: First, Middle, Last	Date of Birth	License ID / Type	Telephone Number
Home Address	City	State	Zip Code
Full Name: First, Middle, Last	Date of Birth	License ID / Type	Telephone Number
Home Address	City	State	Zip Code
Full Name: First, Middle, Last	Date of Birth	License ID / Type	Telephone Number
Home Address	City	State	Zip Code
Full Name: First, Middle, Last	Date of Birth	License ID / Type	Telephone Number
Home Address	City	State	Zip Code
Full Name: First, Middle, Last	Date of Birth	License ID / Type	Telephone Number
Home Address	City	State	Zip Code
Have any of the above people been convicted of a crime? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide (or attach) dates and conviction specifics.			

Fee Schedule

as defined by Chapter 13, Article VI of the City of Olean Code of Ordinances

License Type	Fee	Duration
Peddler	\$7.50	Per day
Solicitor	\$25.00	Per day
Vendor	\$12.00	Per day
Vendor, not-for-profit	NO FEE	n/a
Transient Merchant Items \$1,000 to \$4,999	\$100.00	Per day
Transient Merchant Items \$5,000+	\$500.00	Per day
Farmers Markets	\$25.00	Per year
Special Events 1-25 Vendors	\$25.00	Per week
Special Events 26-50 Vendors	\$50.00	Per week
Special Events 51-75 Vendors	\$75.00	Per week
Special Events 76+ Vendors	\$100.00	Per week
Special Events, not-for-profit	NO FEE	n/a

*Above fees are *in addition* to license applicant surcharge, \$25, payable yearly.

MUST SUBMIT WITH COMPLETED APPLICATION-

Review Application Checklist on Page 1

\$25 NON-REFUNDABLE *Annual* application fee

Copy of Photo ID

DBA Certification/Certification of Incorporation/Not for Profit Certificate

Certification from *CATT. COUNTY HEALTH DEPT. if dealing with food*

Other information as requested

****Applications can take up to 30 days to be approved/denied****

IMPORTANT VENDOR INFORMATION...

See operating fees for applicable fees that are Non-Refundable or Transferrable

NO PARKING IN RESIDENTIAL AREAS

NO PARKING ON CITY OWNED PROPERTY

(EX. WAR VETS PARK PARKING LOT, UNLESS YOU ARE PART OF AN EVENT IN WHICH YOU ARE AFFILIATED WITH THE ROSTER OR YOU HAVE RENTED THE PREMISES YOURSELF THROUGH THE PARKS DEPARTMENT @716-376-5666)

- Food trucks can park in any general commercial zone (for questions please contact Code Enforcement 716-376-5683)
- Private lot parking with Business Permission **A PERMIT IS STILL NEEDED**
UNLESS YOU ARE CATERING A PRIVATE EVENT