



TOWN OF GATES
TOWN CLERK'S OFFICE
1605 BUFFALO ROAD
ROCHESTER, NY 14624

SOLICITOR / PEDDLER / FOOD VENDOR APPLICATION
To be completed by *each* employee representative or solicitor

NOTICE TO APPLICANT: This application is made under oath and by signing this; you are testifying that the statements made in the application are true. Any person who makes a material misrepresentation on the application pursuant to Section 140 of the Code of the Town of Gates will have application denied.

APPLICATION FEE IS NON-REFUNDABLE

Applicant Information

Name: _____

Home Address: _____

Temporary Address: _____

Phone No: _____ Driver License #.: _____

Date of Birth: _____

Have you ever been arrested for a crime? Yes No

If Yes, List Any/All Felonies or Misdemeanors Charged with along with the Disposition of each such charge:

Will a vehicle(s) be used for soliciting? Yes No Multiple Vehicles Yes
Please List for each

Make & Model: _____ State / License Plate No: _____

Business / Organization Represented

Name of Business: _____

Address of Business: _____

Manager / Supervisor Name: _____

Business / Contact Phone No: _____

Length of Time Permit is required for: _____

Description of Goods or Services to be offered:

****Please attach letter of Authorization from firm you are representing.**

ACKNOWLEDGEMENT & OATH: I understand that I am responsible for compliance with all applicable Federal, State, and Local laws including Chapter 140 “Peddling, Soliciting and Food Vending” of the Code for the Town of Gates and agree to abide by all restrictions and conditions set forth in such law. I further acknowledge that all the submitted information is correct.

Dated: _____

Signature of Applicant

Sworn to before me this _____ day of

_____, 20____.

Notary Public

FOR CLERK USE ONLY

Date: _____

Clerk Taking Application: _____

Application Fee:

- Organization Fee: \$250/year Jan-Dec
- Food Vendors/Individual Solicitor Fee: \$50/year Jan-Dec
- Check here, if organization is exempt from Solicitor’s License Fee,.

Solicitor’s License Fee: \$90/3 months (Cash, Check, and Credit Card) ____

Beginning: _____ Ending: _____

Additional Months @\$30/ month (Cash, Check, and Credit Card) if applicable: Yes / No

Number of months: _____ Fee: _____

Total fee: _____

Background check Approved Denied

DATE: APPROVED / DENIED BY TOWN CLERK _____

Adopted: 01/05/2026



GATES POLICE DEPARTMENT

TOWN OF GATES
1605 Buffalo Road
Rochester, New York 14624-1696



Robert Long
Chief of Police

Dispatcher 911
Administration (585) 247-2262
Fax (585) 247-8969

AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

To Whom It May Concern:

I, _____ do hereby authorize and instruct any person, sworn or unsworn, employed by the Gates Police Department to release and deliver to the Chief of the Gates Police Department or his designated representative, upon production of this document or a copy of same, any and all information records, reports and documents relating to any and all criminal charges, dispositions, traffic and juvenile contacts resulting between myself and the Gates Police Department.

I also certify that any person who may furnish such information concerning me shall not be held accountable for giving this information; and I do hereby release such person, agency, department or institution from any and all liability which may be incurred as a result of furnishing such information. I further release the Gates Police Department and the Town of Gates from any and all liability which may be incurred as a result of releasing this information in the form of a record check letter.

This release form and any copy of this release form, even though the said photocopy does not contain an original writing of my signature will be valid and should be honored for a period of one (1) year from the date of my signature.

I have read and fully understand the contents of this 'Authorization for Release of Personal Information.'

Signature: _____

Please Print: Last Name First Name Middle Initial

Street Address City, State Zip Code

This Section is to be completed in front of Notary:

D.O.B.: _____ Social Security) # _____

Dated: _____ Signature _____

On this _____ day of _____, 20____, before me, the subscribers came, _____, known to me and known to be the person described in the foregoing instrument, duly acknowledge that he/she executed the same.

Notary Public/Commissioner of Deeds

(Equal Opportunity) Employer