CROMWELL POLICE DEPARTMENT

Denise Lamontagne
Chief of Police

APPLICATION FOR LICENSE TO SOLICIT OR PEDDLE

INSTRUCTIONS:
1. Print or type
2. If additional space is required to answer questions, use plain 8 1/2 x 11 paper.

PERSONAL INFORMATION:

NAME: _____
Last First Middle

ADDRESSES:

Local Address: _____
Number Street City/Town

Permanent Address: _____
Number Street City/Town & State

TELEPHONE NUMBER: Local: _____ **EMAIL ADDRESS:** _____
Area Code - Number

Permanent Home Phone: _____
Area Code - Number

CHECK ONE: ❑ Male ❑ Female **RACE:** _____

DATE OF BIRTH: _____ **PLACE OF BIRTH:** _____

SOC. SEC. NBR.: _____ **HEIGHT:** _____ **WEIGHT:** _____

HAIR COLOR: _____ **EYE COLOR:** _____

Have you ever been convicted of a crime?: ❑ Yes ❑ No

Describe Nature of Arrest Record: _____
_____

COMPANY OR ORGANIZATION INFORMATION:

Name of Company or Organization: _____

Address: _____
Number Street City/Town & State

Phone: _____
Area Code - Number

Check One: ❑ Business ❑ Charity ❑ Non-Profit ❑ Other

Explain: _____

State of Conn. Tax Number: _____ (Or other evidence of compliance with **C.G.S. 12-409** concerning Sales and Use Tax.)

Name of Company or Organization Administrator: _____
Last First Middle

Continued on Reverse Side

Address: _____
Number Street City/Town & State

Describe Nature/Extent of Business and Goods to be Sold: _____

_____

_____

_____

Period Permit Wanted (**GIVE SPECIFIC DATES**): _____

Provide Proof of Application for Cromwell Planning & Zoning Permit, if applicable (attach copy of pertinent documentation): _____

Give Evidence of Health Code Compliance, if applicable (attach copy of pertinent documentation): _____

_____

Manner of Dispensing Product (Check One): ❑ Vehicle ❑ Push Cart ❑ Door to Door

❑ Other (Describe): _____

Number of Vehicles (if any): _____

Vehicle Description (where applicable): **Make** _____ **Model** _____

Year _____ **Color** _____

Reg. # _____ **State** _____

I declare, under the penalties of False Statement, as stated in Section 53a-157 of the Connecticut General Statutes, that the answers to the above are true and correct. In addition, if I have falsified, misrepresented or omitted any item in this application, I will not be entitled to the vendor's permit sought.

_____ _____
Applicant Signature **Date**

Subscribed and sworn to before me this _____ day of _____ _____

_____
Notary Public

My Commission Expires _____

Application: ❑ Approved ❑ Disapproved: _____ _____
Chief of Police **Date**