

FEE 100.00

**TOWN OF CROMELL
HEALTH DEPARTMENT**

Approved: _____
Date: _____
License #: _____

APPLICATION FOR A SEASONAL FOOD LICENSE

Name of Sponsoring Organization: _____

Members directly responsible for the food preparation:

Name: _____ Address: _____ Phone: _____

Email: _____

If catered, do you know if your caterer is licensed in his/her own community? _____

Location of the event: _____

Date(s): _____ Time: _____

How will perishable foods be transported and held until used? _____

Where and how will foods be prepared and held until served? _____

- What facilities exist and will be used for:
- a. Equipment & Dishwashing - _____
 - b. Hand Washing - _____
 - c. Refuse Disposal - _____
 - d. Fly Control - _____
 - e. Lavatories – Public & Workers - _____

Please list **complete menu** and sources of food stuffs on the reverse side.

Date: _____ Applicant's Signature: _____

Print Name: _____

Telephone Number: _____

TO ALL APPLICANTS FOR A LICENSE TO SOLICIT OR PEDDLE

**YOU MUST SUBMIT THE FOLLOWING INFORMATION FOR YOUR APPLICATION
TO BE ACCEPTED AND PROCESSED:**

1. A completed, signed and notarized application.
2. A copy of your Birth Certificate.
3. Copy of Sales Tax Certificate.
4. Evidence of Health Code Compliance, where applicable.
5. Proof of application for Cromwell Planning & Zoning Permit, where applicable.
6. Application will be processed within five (5) working days, at which time you will be notified.
7. Upon issuance of license, applicant must pay \$50.00 for each calendar month or portion thereof; up to the period of one (1) calendar year ending December 31, but in no event to exceed the maximum fee per year set forth in Connecticut General Statutes 21-37.

****NOTE: ANY ORGANIZATION UNDER 178-12(B) EXEMPT BY THE CHIEF OF POLICE, WITH NUMEROUS PEOPLE SOLICITING WITHIN THE TOWN OF CROMWELL, MUST PROVIDE A LIST OF EACH INDIVIDUAL SOLICITING ON BEHALF OF THE ORGANIZATION. THIS LIST SHOULD INCLUDE NAME, ADDRESS, TELEPHONE #, AND DATE OF BIRTH. (ONLY ONE REGISTRATION FEE OF \$5.00 IS REQUIRED FOR THE ORGANIZATION - NOT EACH INDIVIDUAL).**



CROMWELL POLICE DEPARTMENT

5 WEST STREET
CROMWELL, CT 06416



ANTHONY J. SALVATORE, SR.
CHIEF OF POLICE

PHONE: (860) 635-2256
FAX: (860) 635-8248

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: _____
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

Continued on Reverse Side

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

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**