

Permit # _____

**TOWN OF CROMWELL
PLANNING AND ZONING COMMISSION**

VENDOR'S PERMIT APPLICATION

Date Submitted: _____

Location: _____ Zoning District: _____

Name of Business (if applicable): _____

Description of Product: _____

_____.

Hours of Operation: _____

Dates of Operation _____

Property Owner's Name: _____

Property Owner's Address: _____

Applicant's Name: _____

Applicant's Address: _____

Daytime Telephone Number: _____

The following must be submitted with this application:

\$20 Application Fee (plus \$60 DEP fee);

Copy of "Solicitor's License" (obtain from Chief of Police);

Sketch showing location of cart or truck, driveway, customer parking, nearby buildings, etc.

Owner's Signature: _____ Date: _____

Applicant's Signature: _____ Date: _____