

TOWN OF PORTLAND
Application For Peddlers, Hawkers, Solicitors, Canvassers, Vendor Permits
and Licensing Purchasers Of Precious Metals And Stones

NO BUSINESS IS TO BE CONDUCTED IN THE TOWN OF PORTLAND UNTIL THIS APPLICATION HAS BEEN APPROVED.

Please PRINT or TYPE.

FULL NAME: _____ PHONE #: _____

PERMANENT ADDRESS: _____

TEMPORARY ADDRESS: _____

PLACE OF BIRTH: _____ SOCIAL SECURITY NO.: _____

SEX: _____ AGE: _____ HEIGHT: _____ WEIGHT: _____

HAIR COLOR: _____ EYE COLOR: _____ DATE OF BIRTH: _____

NAME OF EMPLOYER: _____ PHONE# _____

ADDRESS OF EMPLOYER: _____

CONNECTICUT TAX NUMBER: _____

TYPE OF MERCHANDISE TO BE SOLD: _____

INCLUSIVE DATES: _____

METHOD OF DELIVERY: _____ COPY OF SALES CONTRACT SUBMITTED: _____

VEHICLE TO BE USED = MAKE: _____ MODEL: _____ YEAR: _____ COLOR: _____

LICENSE PLATE NO. _____ STATE: _____ OPERATORS LICENSE NO.: _____

1) Have you ever been convicted for committing any crime other than motor vehicle charges? _____

2) Have you ever been refused a permit for this type of business? _____

(If you answer "Yes" to either of the above questions, please explain in detail on the reverse side of this form)

The undersigned hereby attests that all information supplied with this application is true and accurate. By signing this form I give the Town of Portland permission to fingerprint me and conduct a record check based on the above information.

By signing this form, I also give the Town of Portland permission to take my photograph upon being notified of the granting of this application and understand that I must display the license or permit prominently in my place of business or carry same upon my person if engaged in vending from place to place. I further acknowledge that I have thoroughly reviewed the Town Ordinances and State Statutes which apply to the proposed activity, agree to comply with rules and regulations contained therein, and acknowledge that failure to so comply will result in revocation of any license or permit issued hereunder.

SIGNATURE: _____

DATED AT PORTLAND, CONNECTICUT THIS _____ DAY OF _____ 20 _____

DOCUMENTED BY PORTLAND POLICE OFFICER: _____ DATE _____

APPROVED BY FIRST SELECTPERSON _____ DATE _____

(Continue on Reverse Side)

Question #1: _____

Question #2: _____

If more than one person is soliciting, please complete the following information.

SOLICITORS:

Name: _____ Address: _____

Telephone # _____ Date of Birth _____ Social Security # _____

Name: _____ Address: _____

Telephone # _____ Date of Birth _____ Social Security # _____

Name: _____ Address: _____

Telephone # _____ Date of Birth _____ Social Security # _____

Name: _____ Address: _____

Telephone # _____ Date of Birth _____ Social Security # _____

Name: _____ Address: _____

Telephone # _____ Date of Birth _____ Social Security # _____

Name: _____ Address: _____

Telephone # _____ Date of Birth _____ Social Security # _____

Name: _____ Address: _____

Telephone # _____ Date of Birth _____ Social Security # _____