## APPLICATION FOR VENDOR'S LICENSE - SIMSBURY, CONNECTICUT - TOWN CODE CHAPTER 120

*Business applicants: Include i	nformation concerning owner(	s), partner(s), officer(s), or director(	(s).	
Name	Permanent Home Address (No.			Date of Birth
Business Name Address (No. & Street, Town, State, Zip)				Bus. Phone
Please describe the nature of the business to be conducted (include the item(s) to be vended)				Home Phone
Fed. Employer #	CT Employe	er #	CT Tax #	L
How long do you intend to vend in				
What is your method of delivery?	Ciriodal): (i loddo iliciado opocii	io dates and or events)	FOR OFF	FICE USE ONLY.
Where are the item(s) manufacture	ed/produced?		TORCOTT	TOL GOL GIVET.
At the time of this application, when				
Please list any inspections, approv		bv.	$\dashv$	
or on behalf of, any government ag				
of the item(s) to be vended or the h				
*(Business Applicant) Will any indiv	vidual representatives be applying	for permits, as well? Yes No		
If so, who?				
Please list all vehicle(s) used in the	e course of business. (Make/Yea	r/Registration #)		
Please list all applicable liability an	d motor vehicle insurance covera	ge.		
(Include the company name and policy number.)				
*Have you ever been convicted of a If yes, what crime(s)?	a crime other than a motor vehicle	e infraction? Yes No	Where?	When?
*Have you, any present/former emp	ployer, or business associate eve	r been sued in a civil action for fraud or	misrepresentation? Ye	s No
If yes, when?	Where?	In what Court?	By whom?	With what result?
Signature of Applicant	Date	Signed in the Town of	County of	State of
Notary Public	Date	My appointment expires on		
Please include the following when	you submit this application:			
Connecticut Driver's License, C	onnecticut vehicle Registration, o	r Connecticut Voter's Certificate.	If not Connectic	ut, name of state:
		CT Secretary of the State's authorization	to do business in Conne	ecticut.
		officer of the business for which you prop		
3. A signed statement from the Sir	msbury Zoning Enforcement Offic	er that the activity will not constitute a z	oning violation.	
4. Two recent photographs (2.5" X	2.5") of the Applicant (CEO/busin	ness officer) signed on the back by the	Applicant and attested to	by the above Notary Public
5. If food is to be vended, authoriz	ation from the Farmington Valley	Health District or other agency covering	Simsbury.	
6. If you are "selling" as defined in	CT General Statutes Section 12-	409, a copy of the permit issued pursua	int to that statute.	
	ſ	FOR OFFICE USE ONLY		
Driver's License #	Motor Vehicle Registration #	Issue Date of Vendor's Lic.	Expiration Date	Vendor's License #
			·	
State of	State of		Dec. 31,	
Certificate of Incorporation	CT Secretary of the State's Cer	tificate	Voter Registration Co	ertificate
·			Town of	, CT
Police Investigator		Recommends	[ ] Approved	[ ] Disapproved
(signature)		Comments		
Chief Nicholas J. Boulter				
(signature)				(See other side)
Letter from business? [ ]	Both photos signed? [ ]	Memo from ZEO? [ ]	FVHD? [ ]	Permit? [ ]
			- · · I	
	Town Cle	erk		
Approved [ ] Disapproved [ ]	Town Cle	or		_
Approved [ ] Disapproved [ ]	Town Cle Assistant Town Cl	or		_

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