

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

*Business applicants: Include information concerning owner(s), partner(s), officer(s), or director(s).

Name _____		Permanent Home Address (No. & Street, Town, State, Zip) _____		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 Employer # _____		CT Tax # _____
How long do you intend to vend in Simsbury? (Please include specific dates and/or events) _____				
What is your method of delivery?			FOR OFFICE USE ONLY.	
Where are the item(s) manufactured/produced?				
At the time of this application, where is your stock?				
Please list any inspections, approvals, certifications, or other review by, or on behalf of, any government agency that apply to the quality/safety of the item(s) to be vended or the honesty/integrity of the applicant:				
*(Business Applicant) Will any individual representatives be applying for permits, as well? Yes No If so, who?				
Please list all vehicle(s) used in the course of business. (Make/Year/Registration #)				
Please list all applicable liability and motor vehicle insurance coverage. (Include the company name and policy number.)				
*Have you ever been convicted of a crime other than a motor vehicle infraction? Yes No Where? When?				
If yes, what crime(s)?				
*Have you, any present/former employer, or business associate ever been sued in a civil action for fraud or misrepresentation? Yes No				
If yes, when? Where? In what Court? By whom? With what result?				
<p>I, _____, attest that all the information supplied on and with this application is true to the best of my knowledge; and I understand that falsification will result in the disapproval of this application.</p>				
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:				
1. Connecticut Driver's License, Connecticut vehicle Registration, or Connecticut Voter's Certificate. If not Connecticut, name of state: _____ For business applicants, include a certificate of incorporation or CT Secretary of the State's authorization to do business in Connecticut.				
2. Written authorization (on the business' letterhead) signed by an officer of the business for which you propose to vend.				
3. A signed statement from the Simsbury Zoning Enforcement Officer that the activity will not constitute a zoning violation.				
4. Two recent photographs (2.5" X 2.5") of the Applicant (CEO/business officer) signed on the back by the Applicant and attested to by the above Notary Public.				
5. If food is to be vended, authorization 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 pursuant to that statute.				
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 Certificate _____		Voter Registration Certificate Town of _____, CT	
Police Investigator (signature) _____		Recommends [] Approved [] Disapproved		
Chief Peter N. Ingvertsen (signature) _____		Comments _____ (See other side)		
Letter from business? [] Both photos signed? [] Memo from ZEO? [] FVHD? [] Permit? []				
<div style="text-align: right;">Town Clerk _____</div> <div>Approved [] Disapproved []</div> <div style="text-align: right;">Assistant Town Clerk _____</div>				

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Fees: \$20 due upon submission of an application to cover investigative and processing fees, and \$200 due when a license is issued.