

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).

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|---|---|---------------|
| 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)

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| What is your method of delivery? 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.) | FOR OFFICE USE ONLY. |
|---|-----------------------------|

*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?

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.

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 (2) recent photographs (2.5" X 2.5") of the applicant (or CEO/officers for a business) signed on the back by the Notary Public above.
 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

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|------------------------------|---|-----------------------------|---|--------------------|
| 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 | |

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|--|---|
| Police Investigator (signature) Chief Peter N. Ingvertsen (signature) | Recommends [] Approved [] Disapproved Comments _____ (See other side) |
|--|---|

Letter from business? [] Both photos signed? [] Memo from ZEO? [] FVHD? [] Permit? []

Approved [] Disapproved []
 Town Clerk _____
 or _____
 Assistant Town Clerk _____