

DEPARTMENT OF POLICE SERVICE HAMDEN, CONNECTICUT

LICENSE NUMBER _____ (ISSUED BY THE POLICE DEPARTMENT)

DATE ISSUED _____ EXPIRATION DATE _____

APPLICATION FOR : VENDORS LICENSE

INSTRUCTIONS FOR APPLICANT :

1. ANSWER ALL QUESTIONS. IF ADDITIONAL SPACE IS REQUIRED USE A PLAIN WHITE 8 1/2" X 11" PAPER.
2. APPLICANT MUST SUBMIT (2) TWO CURRENT PASSPORT SIZE , COLOR PHOTOGRAPHS. (2" X 2" PHOTOGRAPHS)
3. APPLICANTS MUST BE FINGERPRINTED BY THE HAMDEN POLICE ON HAMDEN POLICE APPLICANT CARD, AND A STATE OF CT APPLICANT CARD.
4. APPLICANT MUST PRESENT A CURRENT STATE OF CONNECTICUT SALES TAX CERTIFICATE.
5. APPLICANT MUST SHOW POSITIVE PROOF OF IDENTIFICATION.
6. THE FEE FOR THE VENDORS LICENSE IS \$15.00. ALL VENDORS LICENSES EXPIRE ON 12/31/

APPLICANTS NAME _____
LAST FIRST M.I.

DATE OF BIRTH _____ PLACE OF BIRTH _____

HEIGHT _____ WEIGHT _____ HAIR COLOR _____ EYE COLOR _____

SCARS, MARKS, TATTOO'S _____

HOME ADDRESS _____
NUMBER STREET CITY / TOWN STATE ZIP CODE

HOME PHONE - () _____ BUSINESS PHONE - () _____

LIST ANY OTHER PLACES OF RESIDENCE DURING THE PAST (5) YEARS.

SOCIAL SECURITY NUMBER _____ - _____ - _____

DRIVERS LICENSE NUMBER _____ STATE _____

STATE OF CONNECTICUT SALES TAX NUMBER _____

APPLICANTS PERSONAL INFORMATION

HAVE YOU USED ANY OTHER NAME(S) IN THE PAST? _____ **YES** _____ **NO**

IF YES, WHAT NAME(S)? _____

HAVE YOU EVER BEEN ARRESTED FOR ANY CRIMINAL OR MOTOR VEHICLE OFFENSE? _____ **YES** _____ **NO**

IF THE ANSWER TO THE PREVIOUS QUESTION IS YES THEN LIST ALL SUCH ARRESTS AND THE DISPOSITIONS BELOW: (USE A SEPARATE SHEET OF PAPER IF NEEDED)

LIST ANY OTHER TOWNS/CITIES WHERE YOU HAVE A VALID PERMIT TO CONDUCT SIMILAR BUSINESS:

DO YOU HAVE A STATE OF CT. VENDORS PERMIT? _____ **YES** _____ **NO**

(IF YOU HAVE A STATE OF CONNECTICUT VENDORS PERMIT, PLEASE ATTATCH A COPY WITH THIS APPLICATION.)

NAME OF BUSINESS _____

BUSINESS ADDRESS _____
NUMBER STREET CITY / TOWN STATE ZIP CODE

HOW LONG HAS BUSINESS BEEN IN EXISTENCE _____

HAS YOUR BUSINESS BEEN CONDUCTED IN ANY OTHER NAME DURING THE PAST
(7) SEVEN YEARS? _____ YES _____ NO

IF YES, WHAT WAS THE NAME OF THE BUSINESS? _____

ADDRESS _____
NUMBER STREET CITY / TOWN STATE ZIP CODE

DESCRIBE IN DETAIL THE GOODS, WARES, OR OTHER MERCHANDISE TO BE
OFFERED FOR SALE :

WHAT IS THE LOCATION OF THE BUILDING STRUCTURE OR PARCEL OF REAL
ESTATE THAT WILL BE USED FOR THE EXHIBITION AND SALE OF SUCH GOODS,
WARES, AND MERCHANDISE: _____

IF A MOTOR VEHICLE IS TO BE USED IN THE VENDING OR DELIVERY OF
ANY ITEMS, PLEASE COMPLETE THE VEHICLE INFORMATION REQUEST BELOW.

VEHICLE # 1
VEHICLE YEAR _____ MAKE _____ MODEL _____ TYPE _____
COLOR _____ REGISTRATION PLATE _____ STATE _____

VEHICLE # 2
VEHICLE YEAR _____ MAKE _____ MODEL _____ TYPE _____
COLOR _____ REGISTRATION PLATE _____ STATE _____

VEHICLE # 3
VEHICLE YEAR _____ MAKE _____ MODEL _____ TYPE _____
COLOR _____ REGISTRATION PLATE _____ STATE _____

CONNECTICUT STATE STATUTE 53a-157. FALSE STATEMENT: CLASS A MISDEMEANOR.

A PERSON IS GUILTY OF FALSE STATEMENT WHEN HE/SHE INTENTIONALLY MAKES A FALSE WRITTEN STATEMENT UNDER OATH OR PURSUANT TO A FORM BEARING NOTICE, AUTHORIZED BY LAW, TO THE EFFECT THAT FALSE STATEMENTS MADE THEREIN ARE PUNISHABLE, WHICH HE DOES NOT BELIEVE TO BE TRUE AND WHICH STATEMENT IS INTENDED TO MISLEAD A PUBLIC SERVANT IN THE PERFORMANCE OF HIS/HER OFFICIAL FUNCTION.

FALSE STATEMENT IS A CLASS A MISDEMEANOR.

THE PENALTY FOR A CLASS A MISDEMEANOR IS IMPRISONMENT FOR A TERM NOT TO EXCEED ONE YEAR, OR A FINE NOT TO EXCEED \$1,000.00 OR BOTH A FINE AND IMPRISONMENT. (SECTIONS 53a-28(b), 53a-36, AND 53a-42).

I DECLARE, UNDER THE PENALTIES OF FALSE STATEMENT, THAT THE ANSWERS TO THE QUESTIONS CONTAINED IN THIS APPLICATION ARE TRUE AND CORRECT.

APPLICANTS SIGNATURE _____ DATE _____

SUBSCRIBED TO AND SWORN TO BEFORE ME

THIS _____ DAY OF _____, 19 _____

NOTARY PUBLIC _____

MY COMMISSION EXPIRES: _____

(FOR POLICE USE ONLY)

TYPE OF IDENTIFICATION _____ PHOTOGRAPHS SUBMITTED _____

FINGERPRINTED BY _____ DATE _____ SENT TO STATE POLICE _____

FINGERPRINT CHECK RETURNED BY STATE POLICE _____ RESULTS _____

SPRC DONE (DATE) _____ HAMDEN POLICE SPECIAL INVESTIGATION CHECK DONE (DATE) _____

N.C.I.C. CHECK DONE (DATE) _____ OFFICER CONDUCTING INVESTIGATION _____

APPROVED BY _____ FOR THE HAMDEN DEPARTMENT OF POLICE SERVICE.

(CHIEF OF POLICE OR DESIGNEE)

APPROVED ON THIS _____ DAY OF _____, 19 _____

FEE REQUIRED _____ YES _____ NO AMOUNT \$ _____ PAID ON (DATE) _____