



Town of Portland, Connecticut ❖ [www.portlandct.org](http://www.portlandct.org)

APPLICATION FOR:

Peddlers ❖ Hawkers ❖ Solicitors ❖ Canvassers ❖ Vendor Permits

(Ordinance: Chapter 11, Article I & III)

\*No business is to be conducted in the Town of Portland until application is approved.\*

\*\*If selling food, a Food Permit must be issued in conjunction with a Vending Permit\*\*

PRINT CLEARLY or TYPE

**I. COMPANY / ORGANIZATION INFORMATION**

Check One:  Business  Charity  Non-Profit  Other \_\_\_\_\_

Company Name: \_\_\_\_\_ Phone# \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
NUMBER STREET CITY STATE ZIP

CONNECTICUT SALES TAX NUMBER (C.G.S. 12-409): \_\_\_\_\_

copy of Certificate of Insurance submitted:  Yes  No

Describe Nature of Business: \_\_\_\_\_

Describe Type of Goods to be sold: \_\_\_\_\_

Time-span of Permit Wanted:  1-Year  6-months  One-month  Other \_\_\_\_\_

Manner of Dispensing Product:  Vehicle  Push Cart  Door to Door  Other \_\_\_\_\_

List location(s):  Town-wide  Other: \_\_\_\_\_

**II. DESCRIPTION OF VEHICLE TO BE USED (where applicable):**

Make:	Year:	License Plate #:
Model:	Color:	Registration # and State:

**III. APPLICANT PERSONAL INFORMATION (for additional staff see page 2)**

Name:	Address, City, State, Zip:		
Telephone #:	Alternate Phone #:		
Place of Birth:	Date of Birth:		
Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male	Race:	Height:	Weight:
Hair Color:	Eye Color:	Social Security No.	

**IV. CERTIFICATION**

1) Have you ever been convicted for committing any crime other than motor vehicle charges?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2) Have you ever been refused a permit for this type of business?	<input type="checkbox"/> Yes <input type="checkbox"/> No

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

I declare, under the penalties of False Statement (C.G.S. Section 53a-157b), that the answers to the above are true and correct. By signing this form I give the Town of Portland permission to fingerprint me, conduct a record check based on the above information, and to take my photograph. I agree to display the permit prominently in my place of business or carry same upon my person if engaged in vending from place to place. I acknowledge that I have reviewed the Town Ordinances and State Statutes which apply to the proposed activity, agree to comply with rules and regulations contained therein. I further acknowledge that failure to so comply or if I have falsified, misrepresented or omitted any item in this application, will result in revocation or denial of the permit sought.

APPLICANT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Question #1: \_\_\_\_\_

Question #2: \_\_\_\_\_

If multiple people are soliciting, please complete the following information...WRITE CLEARLY

**V. ADDITIONAL STAFF:**

Name:		Address, City, State, Zip:	
Place of Birth:		Date of Birth:	
Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male	Race:	Height:	Weight:
Hair Color:	Eye Color:	Social Security No.	
1) Have you ever been convicted for committing any crime other than motor vehicle charges? <input type="checkbox"/> YES <input type="checkbox"/> NO		2) Have you ever been refused a permit for this type of business? <input type="checkbox"/> YES <input type="checkbox"/> NO	

Name:		Address, City, State, Zip:	
Place of Birth:		Date of Birth:	
Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male	Race:	Height:	Weight:
Hair Color:	Eye Color:	Social Security No.	
1) Have you ever been convicted for committing any crime other than motor vehicle charges? <input type="checkbox"/> YES <input type="checkbox"/> NO		2) Have you ever been refused a permit for this type of business? <input type="checkbox"/> YES <input type="checkbox"/> NO	

Name:		Address, City, State, Zip:	
Place of Birth:		Date of Birth:	
Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male	Race:	Height:	Weight:
Hair Color:	Eye Color:	Social Security No.	
1) Have you ever been convicted for committing any crime other than motor vehicle charges? <input type="checkbox"/> YES <input type="checkbox"/> NO		2) Have you ever been refused a permit for this type of business? <input type="checkbox"/> YES <input type="checkbox"/> NO	

Name:		Address, City, State, Zip:	
Place of Birth:		Date of Birth:	
Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male	Race:	Height:	Weight:
Hair Color:	Eye Color:	Social Security No.	
1) Have you ever been convicted for committing any crime other than motor vehicle charges? <input type="checkbox"/> YES <input type="checkbox"/> NO		2) Have you ever been refused a permit for this type of business? <input type="checkbox"/> YES <input type="checkbox"/> NO	

**DO NOT WRITE BELOW - FOR OFFICE USE ONLY!**

<b>PROOF OF HEALTH DEPARTMENT APPROVAL:</b>	<input type="checkbox"/> Not applicable
DATE:	<i>Signature of Chatham Health District Sanitarian indicates compliance</i>

<b>PROOF OF ZONING APPROVAL:</b>	<input type="checkbox"/> Not applicable	
DATE:	ZEO check here if location is exempt <input type="checkbox"/>	<i>Signature of Zoning Enforcement Officer indicates compliance</i>

<b>APPLICATION STATUS:</b>		
<input type="checkbox"/> Approved <input type="checkbox"/> Denied	First Selectman/Chief of Police	Date: