

Town of Portland, Connecticut & 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 / ORGAN	IZATION	NINF	ORMATION	N				
Check One: Business	s □ Ch	arity	□ Non-Profi	it	□ Other			
Company Name: Phone#								
ADDRESS:								
ADDRESS:				CITY		STATE	ZIP	
CONNECTICUT SALES TAX NUMBER (C.G.S. 12-409): copy of Certificate of Insurance submitted: Yes No								
Describe Nature of Busines	ss:							
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 VE	HICLE T	O BE	USED (where	appli	cable):			
Make:		Year:	Year:		License Plate #:			
Model:		Color:			Registration # and State:			
III. APPLICANT PERSONAL INFORMATION (for additional staff see page 2)								
Name:			Address, City, State, Zip:					
Telephone #:					nate Phone #:			
Place of Birth:				Date	of Birth:			
Sex: □ Female □ Male	Race:			Heig	ht:	Weight:		
Hair Color:	Eye Color:		Soci	al Security No.				
IV. CERTIFICATION								
1) Have you ever been convicted for committing any crime other than motor vehicle charges? □ Yes □ No							□ No	
2) Have you ever been refused a permit for			this type of b	ousin	ess?	-	□ Yes	□ No
(If you answer "Yes" t	o either of	the abo	ove questions, p	olease	explain in detail on the r	everse side of	this form	ı <mark>)</mark>
I declare, under the penaltic true and correct. By signs record check based on the prominently in my place of I acknowledge that I have activity, agree to comply we comply or if I have falsified denial of the permit sought.	ing this for the above business reviewed with rules a d, misrepr	orm I g inform or can d the T and reg	give the Tow ation, and to ry same upor Town Ordinal gulations con	n of taken my nces	Portland permission e my photograph. I person if engaged in and State Statutes von d therein. I further a	to fingerprir agree to di vending fro vhich apply cknowledge n, will resul	nt me, co isplay the m place to the p that failu	onduct a e permit to place proposed ure to so
APPLICANT SIGNATURE:					DA .	LI		

Question #1:							
Question #2:							
If multiple people are soliciting, please complete the following informationWRITE CLEARLY							
V. ADDITIONAL STAF	F:						
Name:		Address,					
Place of Birth:		City, State, Zip: Date of Birth:					
Sex: Female 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? YES NO			2) Have you ever been refused a permit for this type of business? YES NO				
Name:			Address, City, State, Zip:				
Place of Birth:			Date of Birth:				
Sex: Female 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? □ YES □ NO			2) Have you ever been refused a permit for this type of business? YES NO				
Name:		Address, City, State, Zip:					
Place of Birth:		Date of Birth:					
Sex: □ Female □ 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? □ YES □ NO			2) Have you ever been refused a permit for this type of business? YES NO				
Name:		Address, City, State, Zip:					
Place of Birth:		Date of Birth:					
Sex: Female Male	Race:		Height: Weight:				
air Color: Eye Color:			Social Security No.				
1) Have you ever been convicted for committing any crime other than motor vehicle charges? □ YES □ NO			2) Have you ever been refused a permit for this type of business? YES NO				
DO NOT WRITE BELOW - FOR OFFICE USE ONLY!							
PROOF OF HEALTH DEPAR	RTMENT APPROVAL:		□ Not applica				
DATE: Signature of Chat			tham Health District Sanitarian indicates compliance				
PROOF OF ZONING APPRO	VAI.		□ Not applica				
DATE: ZEO	neck here if on is exempt Signature of Zoning Enforcement Officer indicates compliance						
APPLICATION STATUS:							
☐ Approved ☐ Denied First Selectman/Chief of Police Date:							

Fee Schedule for Canvassing, Hawkers, Peddling, Solicitors, Vending

Duration	Fee to be paid
One Year	\$100
Six Months	\$50
One Month or less	\$10

\$0.....for Non-Profits and Veterans upon documentation**

Rules of Conduct:

No canvassing, hawking, peddling, soliciting, vending and such shall be allowed until the local permit has been approved and the fee has been paid (payment either by check or money order made payable to "Town of Portland" or by exact cash payment).

The permit is valid for the indicated period only and will require renewal, if needed, after expiration.

If canvassing, a list typed or printed legibly consisting of the canvasser's names, a description of the vehicle being used (make, model, year & color), and streets designated to canvass on must be faxed daily to the First Selectmen's Office at 860-342-6714 and the Portland Police Department at 860-342-6781.

Municipal buildings, including schools, are restricted zones of which shall not be solicited.

^{**}IRS letter granting exemption & 501(c) certificate; honorable discharge papers - application of activities still required