

BERLIN POLICE DEPARTMENT
TOWN OF BERLIN
VENDOR/SOLICITORS LICENSE

**REQUIRED FOR SALE OF ANY ITEMS
WITHIN THE TOWN OF BERLIN**

**PERMIT FEE \$50.00 PLUS either
\$10.00 per month OR
\$100.00 per year
CASH OR BANK CHECKS ONLY**

**SALES TAX NUMBER REQUIRED FOR
SALE OF ANY NON-FOOD ITEMS.**

**HEALTH DEPARTMENT APPROVAL
REQUIRED FOR SALE OF FOOD ITEMS**

**APPLICATION MUST BE MADE OUT IN
FULL PRIOR TO SUBMITTING TO POLICE
DEPARTMENT FOR APPROVAL**

APPLICATION FOR SOLICITORS LICENSE CERTIFICATION
TOWN OF BERLIN-POLICE DEPARTMENT

PLEASE PRINT

PERMIT # _____ EXP. DATE _____ REASON FOR DENIAL: _____

CORPORATION, PARTNERSHIP, ASSOCIATION, NAME _____

PERSON TO RECEIVE PERMIT (APPLICANT) (LAST NAME) (FIRST) (MIDDLE) _____

(PERMANENT ADDRESS) (STREET) (CITY) (STATE) (PHONE #) _____

(TEMPORARY ADDRESS) (STREET) (CITY) (STATE) (PHONE #) _____

(DATE OF BIRTH) (MONTH/DAY/YEAR) (PLACE OF BIRTH) _____

(NAME OF BUSINESS) _____

(BUSINESS HOME OFFICE ADDRESS) _____

(NATURE OF BUSINESS) (CT SALES & USE TAX PERMIT # - ATTACH COPY) (5-35(e)) _____

DO YOU CLAIM EXEMPT STATUS AS A CHARITABLE PHILANTHROPIC, ECCLESIASTICAL, OR CIVIC ORGANIZATION? [] YES [] NO
DOCUMENTATION ATTACHED 14-203 VETERAN EXEMPTION CGS 21-37 [] YES [] NO

(TYPE OF MERCHANDISE TO BE SOLICITED) (HOW LONG DO YOU EXPECT TO SOLICIT IN BERLIN?) _____

(NUMBER OF SALESMAN IN CREW) (EACH PERSON REQUIRES A PERMIT UNLESS APPLICANT IS A CORPORATION,
PARTNERSHIP, ASSOCIATION OR OTHER ENTITY). (Attach additional list of crew if necessary)

(NAME) (D.O.B.) (PERMANENT ADDRESS) (TEMPORARY ADDRESS) VEHICLE INFO REGISTRATION/DESCRIPTION

(NAME) (D.O.B.) (PERMANENT ADDRESS) (TEMPORARY ADDRESS) VEHICLE INFO REGISTRATION/DESCRIPTION

(NAME) (D.O.B.) (PERMANENT ADDRESS) (TEMPORARY ADDRESS)

(WHAT IS PROPOSED METHOD OF DELIVERING MERCHANDISE?) (DOOR TO DOOR HOURS 8AM-8PM (5-31)) _____

HAVE YOU EVER BEEN CONVICTED OF ANY CRIME? [] YES [] NO WILL PRODUCT BE SOLD AT FIXED LOCATION? [] YES [] NO

(LOCATIONS) _____

Date _____ 20 _____ (Signature of Applicant)

State of Connecticut
County of Hartford SS:

Berlin _____ 20 _____

_____ personally appeared before me signer of the following application and acknowledged the same to be true to the best of his/her knowledge.

(Notary Public)

Department Approval:

(Health Inspector) 5-35(e)

Zoning Enforcement Officer 5-35(d)

Chief of Police or Designee 5-35(f)

Berlin Municipal Code: 13-22(4). Written Permission to Sell in Parks. [] YES [] NO
Penalty for Violation. General Penalty Section 1-15 \$199.00. COPY MUST BE CARRIED WITH THIS CERTIFICATE.