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

VETERAN EXEMPTION CGS 21-37 [ ] YES [ ] NO

(DOCUMENTATION ATTACHED 14-203)

(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_____              _____________________________________________________
State of Connecticut                                                        (Signature of Applicant)
County of Hartford      SS:______________________________________ personally appeared before me signer of the following application and acknowledged the same to be true to the best of his/her knowledge.

(Berlin _______________ 20_____) ______________________________________________________

(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.

7/28/2015