VENDING PERMIT APPLICATION

Instructions:

Fill out the attached application completely.

A separate application is required for each individual.

If you are from out of state, a local address and phone number is required.

The zoning enforcement officer is required to approve all new vending permits.

Required Documents:

Applicants will be required to submit and/or show the following documents with the completed application:

 \Box Two (2) passport style photos. Passpo

Passport photo standards:



- Color photograph
- 2 x 2 inches in size
- Printed on matte or glossy photo quality paper
- Taken within the last 6 months to reflect your current appearance
- Taken in front of a plain white or off-white background
- Taken in full-face view directly facing the camera
- Neutral facial expression and both eyes open
- \Box A valid driver's license.
- □ Postal money order, certified bank check, or cash in the amount of \$100.00 for each application.
- □ A valid Connecticut Sales Tax Authorization, or exemption letter, from the State of Connecticut.

CHESHIRE POLICE DEPARTMENT 500 Highland Avenue Cheshire, Connecticut 06410 (203) 271-5500 FAX: 271-5563

| APPLIC | CATION FOR: | AUCTION | | | | IN | INSTRUCTIONS | | | |
|---|--|----------------------------------|---------------|------|------|---------|------------------------|----------------------|--|--|
| | | □SOLICITING | | | | | 1. PRINT OR TYPE | | | |
| | 1 YEAR | \Box PRECIOUS METALS DEALER 2. | | | | | 2. USE REVERSE SIDE IF | | | |
| | | $\Box_{\rm PAV}$ | □ PAWNBROKERS | | | | | MORE SPACE IS NEEDED | | |
| | | $\Box_{\rm HAV}$ | WKER / PEDI | OLER | | | | | | |
| | | | | | | | | | | |
| DATE C | DATE OF APPLICATION APPLICANT'S NAME (Last, First, Middle, Maiden) | | | | | | | | | |
| | | | | | | | | | | |
| LIST ALL OTHER NAMES BY WHICH YOU HAVE BEEN KNOWN SO | | | | | | SOC | CIAL SECURJTY NUMBER | | | |
| | | | | | | | | | | |
| RESIDENCE ADDRESS (Number, Street, Town, State, Zip) | | | | | | | PHONE NUMBER | | | |
| | | | | | | | | | | |
| LOCAL ADDRESS (If from Out of State) LOCAL F | | | | | | | AL PHONE NUMBER | | | |
| | | | | | | | | | | |
| NAME OF FIRM REPRESENTING | | | | | | | NATURE OF BUSINESS | | | |
| | | | | | | | | | | |
| ADDRESS OF FIRM (Number, Street, Town, State, Zip) PHONE NUMBER | | | | | | | ONE NUMBER | | | |
| | | | | | | | | | | |
| AGE | DATE OF BIRTH | HEIGHT | WEIGHT | SEX | HAIF | R COLOR | | EYE COLOR | | |
| | | | | | | | | | | |
| LIST TOWN WHERE PREVIOUSLY OR CURRENTLY LICENSED | | | | | | | | | | |
| | | | | | | | | | | |

Have you ever been convicted in any court of any crime? NO YES (Provide Date, Offense and Disposition on Reverse Side).

Sec. 53a-157 FALSE STATEMENT: Class A Misdemeanor. (a) A person is guilty of False Statement when he intentionally makes a false witten statement under oath or pursuant to a form bearing notice, authorized by laws 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 official functions. (b) 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 \$2000, or both a fine and imprisonment. (Sections 53a-28, 53a-36, and 53a-42)

| I declare, under the penalties of False Statement, that the answers to the above are true and correct. | | | | | | | |
|--|--------------------|-----------------|--|--|--|--|--|
| DATE APPLICANT'S SIGNATURE | | | | | | | |
| Subscribed to and sworn to, bef | fore me thisday of | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | Notary Public | Expiration Date | | | | | |
| CONNECTICUT SALE TAX NUM | , | Expiration Date | | | | | |

CHESHIRE POLICE DEPARTMENT

Neil Dryfe, Chief of Police 500 Highland Avenue. Cheshire, Connecticut 06410-2296 (203) 271-5500, 24 Hour Fax: 271-5515. Chief's Office Fax: 271-5563 www.cheshirect.org/police-services



ZONING ENFORCEMENT OFFICER'S CERTIFICATE

Prior to obtaining any permit, the applicant must obtain approval and signature of the Zoning Enforcement Officer at the Planning and Zoning Department Office.

APPLICATION FOR:

□ 1 YEAR

- □ AUCTION □ SOLICITING
- PRECIOUS METALS DEALER
- □ HAWKER/PEDDLER
- □ PAWNBROKERS

| Applicant's Name: | |
|---------------------|--|
| Nature of Business: | |
| | |

- □ THE PROPOSED ACTIVITY CONFORMS TO THE ZONING REGULATIONS OF THE TOWN OF CHESHIRE
- THE PROPOSED ACTIVITY DOES NOT CONFORM TO THE ZONING REGULATIONS OF THE TOWN OF CHESHIRE. A PERMIT SHOULD NOT BE ISSUED.

ZONING ENFORCEMENT OFFICER

DATE

Patrol Operations 203-271-5500

Traffic Division 203-271-5540

Investigative Division 203-271-5530

Youth Officer 203-271-5532

Deaf/TIY 203-271-5508 Records/Permits 203-271-5510

Drug Tips 203-271-5534

Training Officer 203-271-5560