

**BRISTOL, CONNECTICUT
APPLICATION FOR SOLICITORS & CANVASSERS LICENSE**

LICENSE NOT TRANSFERABLE

FOR OFFICE USE ONLY

License # _____

Date of Issuance _____

Date of Expiration _____

Name of Applicant _____

Home Address _____

Home Phone _____ Social Security # _____

Date of Birth _____ Sex _____ Height _____ Weight _____

Name & Address of Employer _____

Business Phone _____

Attach 2" x 2" photo

Taken within 60 days prior
to date of application showing
head and shoulders.

Signature of Applicant

Brief description of nature of business and goods to be sold _____

Location where products will be displayed _____

Method of delivery _____

If vehicle is to be used, give registration # _____

(Number)

(State)

Description of vehicle _____

(Make - Model - Color - Year)

Have you ever been convicted of any crime, misdemeanor or violation of any municipal ordinance? Yes _____ No _____

If so, give details _____

Reference - Give names and addresses of two (2) reliable property owners in Connecticut who will certify as to your character and business responsibility, or in lieu thereof names of references and other evidence as to good character and business responsibility.

ATTEST: _____

(Signature of Applicant)

State of Connecticut

ss: Bristol

Date _____

County of Hartford

Sworn and subscribed to by the above named applicant.

(Notary Public)

Annual Licenses Only. Must be renewed each year upon expiration.

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All necessary approvals having been properly and fully executed as per ordinance (Sec. 17-16 through 17-42) license as peddler is granted to the above named applicant.

Investigation Fee **\$15.00** _____

No Daily Rates Available

Annual License Fee **\$75.00** _____

Monthly License Fee **\$40.00** _____

After Jul. 1 - Dec. 31 Fee **\$37.50** _____

Weekly License Fee **\$10.00** _____

Signed _____

Date _____

City Clerk

POLICE DEPARTMENT APPROVAL

Investigation having been made of applicant's character and business responsibility, the application of:

(Name and Address)

Is hereby: **APPROVED**

DISAPPROVED

If disapproved, reason for disapproval _____

Date _____

Signed _____
Chief of Police

CERTIFICATE OF INSURANCE APPROVAL

Insurance Certificate has been reviewed for:

(Name and Address)

Is hereby: **APPROVED**

DISAPPROVED

If disapproved, reason for disapproval _____

Date _____

Signed _____

Asst. Comptroller
