

BRISTOL POLICE DEPARTMENT

APPLICATION FOR PEDDLERS LICENSE

LICENSE NOT TRANSFERABLE

FOR OFFICE USE ONLY

License #: _____

Date of Issuance: _____

Date of Expiration: _____

Name of Applicant: _____

Home Address: _____

Home Phone: _____ SSN: _____ - _____ - _____

Date of Birth: _____ Sex: _____ Height: _____ Weight: _____

Name & Address of Employer: _____

Attach 2" x 2" photo

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

Business Phone: _____ 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: _____
(Number) (State)

Description of Vehicle: _____
(Make, Model, Color, Year)

Is the vehicle a frozen dessert truck? Yes No

For more information <https://portal.ct.gov/DMV/General/Ice-Cream-Trucks>

If yes, is vehicle properly equipped in compliance with Public Act 21-20? Yes No

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.

State of Connecticut
County of Hartford
Bristol

ATTEST: _____
(Signature of Applicant)

Date: _____

Sworn and subscribed to by the above named applicant.

(Notary Public)

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

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

Permit by Chief of Police: _____

Director of Health: _____

License No. issued _____

Investigation Fee \$15.00 – Received

Dated _____

License Fee \$185.00 – Received

Signed: _____

Inspected Military Discharge - YES

Chief of Police

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: _____

Approval is hereby given for the issuance of a peddler's license.

Dated: _____

Signed: _____

Chief of Police

DIRECTOR OF HEALTH STATEMENT

This is to certify that I: Approve

Disapprove

the issuance of a license to: _____
(Name)

(Address)

for the sale of food and/or beverages in Bristol.

Dated: _____

Signed: _____
Director of Health

CERTIFICATE OF INSURANCE APPROVAL

Insurance Certificate has been reviewed for: _____
(Name and Address)

Is hereby: Approved
 Disapproved

If disapproved, reason for disapproval: _____

Dated: _____

Signed: _____