

Wethersfield, Connecticut
Police Department
250 Silas Deane Highway
Wethersfield, CT 06109

Application for Peddlers and Solicitors Permit

Name _____

Address (Local) _____

Address (Permanent) _____

Phone: Home _____ Cell _____ Bus _____

Date of Birth _____ Place of Birth _____

SS# _____

Height _____ Weight _____ Hair Color _____ Eye Color _____

Company or Organization Information

Check one: Business Charity Non-Profit Other

Explain: _____

Name of Company or Organization: _____

Address: _____

State Sales Tax Number: _____

Name of Company or Organization CEO: _____

Address of CEO: _____

Describe Nature of Business and Goods to be sold: _____

Vehicle Being Used (if any):

Year _____ Make _____ Model _____ Color _____

Marker # _____ Marker State _____

Any Criminal Arrests _____

(Use reverse side if more space is needed)

Convictions in Court _____

(Use reverse side if more space is needed)

I have been supplied with a copy of the rules and regulations which pertain to permit peddlers and solicitors and I agree to comply with the rules should a permit be granted to me.

I agree that if I have falsified any item in this application, I will not be entitled to the permit and subject to a criminal arrest.

Date: _____ Applicant's Signature: _____

All applicants must provide positive identification when submitting this application. Applicants will be fingerprinted at the time of application and their photograph will be taken. Applicants will be notified, at their designated address within five days of the receipt of application, if the permit is granted or denied.