





STATE OF CONNECTICUT Department of Emergency Services and Public Protection Division of STATE POLICE

Ellington Resident State Troopers' Office

33 Arbor Way ● PO Box 187 Ellington, Connecticut 06029 Telephone: (860) 875-1522 Fax: (860) 870-3152

Application for Peddlers, Hawkers License

Date Application Received:						
Name of Applicant:Last Name		Name		Middle Initial		
List all other names by which you have been known (maiden name/alias/nickname, etc.)						
Date of Birth:/ Sex: □ N	∕lale □ Female					
Height: Weight: Ra	ace:					
Citizenship: (If other than U.S.A. you must attach a true copy of your birth certificate or passport. Alien Reg. Number (if applicable)						
Residential Address:				()		
Street (P.O. Box Address is not acceptable)	Town	State	Zip Code	Phone Number		
List previous addresses (past 5 years):						
Mailing Address or Business Address (if differen	nt from above)					
Street Address	Town		State	Zip Code		
Nature of Business:						
Permit History: (List Towns where previously held and/or current hold license and effective date)						

			Copy Taken:		
Motor Vehicle Registration and Insurance Card of vehicle used for vending. Copy provided: Sales Tax Permit Number (supply a copy of your permit)					
Jaies Tax Fermit Number	(supply a	гсору от ус	rour permit)		
Will you use any scale or measuring d If yes, provide:			□ No		
Criminal History:					
Have you ever been arrested for any of the second of the s	crime in any jurisdictio	n? 🗖 Yes	s 🗖 No		
Have you ever been convicted for any If yes, list all	ocrime in any jurisdicti	on? ☐ Yes	es 🗖 No		
diversionary program or currently repending court case?	eleased on personal re	ecognizanc	ool and/or drug treatment program or other pre-triace, a Written Promise to Appear or bail bond for a		
If yes, explain:					
attempted use or threatened use of particles. The second is a second in the second is a second in the second in th	ohysical force against a sued the order? his application that are ssued before the facts s and to the truth of all	nother per e determin are knowr I informatio	ned to be false or inaccurate shall constitute grounds wn, shall be cause for revocation. My signature below tion supplied on this application. I declare, under the		
Date:					
Applicant Print Name: Applicant's Signature:					
Notary: Subscribed to and sworn to before th	is of				
Notary Public: My Commission Expires:					
Town Approvals:	Printed Name		Signature		
Planning Department			. 9		
Health Department					
Resident State Troopers' Office					
Approved:		Denie	ed:		
First Selectman's Signature			First Selectman's Signature		

Fee: \$25 non-refundable processing and licensing fee. No fee required of Veterans who qualify under Sec. 21-30 of Connecticut General Statutes.