



**TOWN OF GOSHEN
GOSHEN, CONNECTICUT**

**APPLICATION FOR HAWKERS, VENDOR, PEDDLERS,
CANVASSERS AND SOLICITORS PERMIT**

HOURS: 9:00 A.M. TO 6:00 P.M.

APPLICATION FEE: \$25.00 PLEASE PRINT OR TYPE

APPLICANT'S NAME: _____

HOME OR BUSINESS ADDRESS: _____
Street

Town _____ State/Zip _____

Number of years residing at the above address: _____

Prior address if above residence is less than two years: _____

Street _____ Town _____ State/Zip _____

Telephone Number _____

Brief description of the nature of the license activity including services to be rendered, goods to be sold, or solicitations to be made. (Attach additional sheet if necessary)

Employed By: _____
**Include proof of employee-employer relationship*

Employer Address: _____
Street

Town _____ State/Zip _____

Employer Telephone Number _____ State of Conn Sales and Use tax number. _____
Include certificate

Requested Length of time for permit _____

APPLICATION FOR VENDOR'S PERMIT continued:

Age: _____ Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____

Include two 2" x 2" photographs of applicant taken within sixty (60) days of application clearly showing the face, head and shoulders of the applicant.

Driver's License #: _____ State Issued: _____

Include a statement with respect to the applicant as to whether or not he or she has been convicted of a crime, felony, misdemeanor or violation of any municipal ordinance, the nature of the offence and the punishment assessed thereof. (attach additions sheets as necessary)

Vehicle Information:

Year: _____ Make: _____ Model: _____ License Plate # _____

Current State License #(s) pursuant to Chapter 407 Itinerant vendors or 408 Hawkers and Peddlers, of the Connecticut General Statutes.

List any other licenses, permits or approvals required including Torrington Area Health District

Please include a signed copy of the Town of Goshen AUTHORIZATION FORM TO CONDUCT A CRIMINAL BACKGROUND CHECK

\$500.00 cash bond is hereby submitted with this application. Yes _____ No _____

The First Selectman has waived the bonding requirement. Yes _____ No _____

A copy of my veteran's Honorable Discharge is attached: Yes _____ No _____
(necessary for veteran's exemption from application fee)

Signature of Applicant

Notary

AUTHORIZATION FORM TO CONDUCT A
CRIMINAL BACKGROUND CHECK
TOWN OF GOSHEN

NAME: _____

DATE OF BIRTH _____

SS NO. _____

HOME ADDRESS: _____

(No P.O. Box #'s)

Have you lived at this address less than five (5) years ____ YES ____ No

(If yes, please list your previous address)

Any false information provided as part of the application process
may be punishable under the laws of the State of Connecticut.

Applicant Signature

Date