

TOWN OF THOMPSON

Town Clerk Registrar of Vital Statistics 815 Riverside Drive P.O. Box 899 North Grosvenordale, CT 06255 Phone: 860-923-9900 E-MAIL: townclerk@thompsonct.org www.thompsonct.org

Application Fee: \$20

Permit Fee: \$100

Application Date: _____

APPLICATION FOR PERMIT TO SELL OR SOLICIT

TOWN OF THOMPSON

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1.	Name of Applicant (s):		
	Address:		
	Telephone Number:		
2.	Name of individual or organization to whom the license shall be issued (if different from		
	above):		
	Address:		
	Telephone Number:		
<u>PART II</u>			
1.	Birth date of Applicant: Gender: Height: Weight: Physical Build: Color of Hair: Color of Eyes: Any identifying scars or marks: Color of Hair:		
	If so describe, briefly:		
2.	Application must include proper identification to the Town Clerk with this application. Type of ID (i.e., Driver's License; photo I.D., etc.)		
	Type of ID Expiration Date		
<u>PART III</u>			
1.	Purpose for which applicant seeks to obtain permit (e.g. type of goods, wares, merchandise, materials, food, services or contracts):		
	ab		
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 Times & Location of Sales/Solicitations _____ (may not take place between 7 pm and 9 am)

- 3. State whether, when, where, and on what charges applicants has ever been arrested and the disposition of such charges:
- 4. State whether, when, where and in what court and by whom the applicant or any present or former employer, principal or contract associate have ever sued in a civil action alleging fraud or misrepresentation in connection with or as a result of the registrant's activities in soliciting for any contract or in selling, exposing or offering for sale or soliciting orders for any articles of food or any god, wares, merchandise, materials or service:

PART IV

- 1. No person, under any circumstances may sell, barter, or carry for sale or barter or expose any food, goods, wares or merchandise either on foot or from any vehicle or solicit contributions for any charitable or religious cause before the hours of 9:00 a.m. or after 7:00 p.m.
- 2. Any violation of this ordinance or any false statements or misrepresentation of this application shall be subject to a fine of not more than fifty dollars (\$50) for each offense and second or subsequent violation shall be fined one hundred dollars (\$100) and the permit shall be revoked immediately for the balance of the years.
- 3. This permit shall expire on December 31st in the year of issuance.

<u>Part V</u>

Provide the following items with this Application

- 1. Identification Proof of age, address, identification
- 2. If employed, the name, address and phone number of the employer or, If acting as an agent, written statement establishing relationship and the authority to act for the employer.
- 3. Sales & Use Tax Permit
- 4. Certificate of Liability Insurance
- 5. Taxpayer ID and Certification
- 6. Copy of fingerprinting and background check
- 7. Two photographs taken within 60 days immediately prior to the date filing the application.

Signature of Applican	t	Date		
Signature of Town Cle	erk	Date		
Signature of First Sele	ectman	Date		
TO BE COMPLETED BY TOWN OFFICIAL				
Application Fee: \$20	Date Received:	Check/Money Order # Cash		
Permit Fee: \$100	Date Received:	Check/Money Order # Cash		
Permit #:	Date Pern	it Issued:		